



# *The Scholars' Academy*

An Accelerated College Preparatory School for Grades 6-12  
27Q323, A Knowledge Network Teaching and Learning Organization  
320 Beach 104 Street, Rockaway Park, NY 11694  
Tel: (718) 474-6918 Fax: (718) 945-8958

---

**Principal**

Brian O'Connell

**Assistant Principals**

MS AP: Toni Marie Sorrentino

HS AP: Michele Smyth (M, W, F)

September 9, 2009

Dear Parent or Guardian/Custodians of New High School Students:

The Department of Education offers an HIV/AIDS prevention program as part of an ongoing comprehensive health education program. In addition, all high school students in grades 9-12 are permitted to request free condoms at their school. As a parent or guardian, you may ask the school not to give your child condoms. This is referred to as a *parent opt-out*. You are **not** permitted to make this request if your child 1) is 18 years of age or older; 2) has been or is currently married; 3) is a parent, and/or 4) is entitled under law to give consent for himself/herself.

To request that your daughter/son **not** be permitted to receive condoms at his/her high school, **please complete the attached sheet and give it to a Health Teacher in an envelope marked "CONFIDENTIAL."** If you change your mind and decide that your child can request free condoms, send a letter to the principal during the school year.

We are committed to ensuring confidentiality to all students, including those who do not participate in this program. All high schools know this policy and have been told to maintain the confidentiality of students.

The condom availability program for high school students offers an opportunity for you to talk to your child about health issues associated with HIV/AIDS. The most responsible decision a young person can make in this regard is to abstain from any high risk behaviors, including sexual intercourse and substance abuse. Please support your child in making positive health choices.

Sincerely,

Karla M. Khouri  
Physical Education/Health

Joseph Lunati  
Physical Education/Health

Sign and return only if you **DO NOT** want your daughter/son to participate in the Condom Availability component of the HIV/AIDS Prevention Program. It must be noted that this option shall not apply to students who are 18 years or older, who are or who have been married, who are parents, or who are entitled under law to give consent for themselves. If you have more than one child enrolled in the school, please complete a separate form for each child.

My son/daughter \_\_\_\_\_,  
Print full name of student

who is in grade 9 10 11 12 at \_\_\_\_\_ High School, **IS NOT** to participate in the condom availability component of the program.

My daughter's/son's Public School Identification Number is

\_\_\_\_\_  
(If you do not know your #, the school will enter it for you.)

\_\_\_\_\_  
Printed name of parent/guardian/custodian

\_\_\_\_\_  
Signature of parent/guardian/custodian

\_\_\_\_\_  
Date

If your daughter/son is not to participate, return this portion to her/his **HIGH SCHOOL HEALTH TEACHER** in an envelope marked "***CONFIDENTIAL.***"