



EL PASO INDEPENDENT
SCHOOL DISTRICT

*Division of Special Education and Special Services
Health Services Department*

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El Paso, TX 79925
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EL PASO INDEPENDENT SCHOOL DISTRICT PARENT APPROVAL FORM

This is to inform you that the school nurse and/or health educator will be presenting a class on Puberty Education and Hygiene for all 5th grade girls on _____ at _____ o'clock and for all 5th grade boys on _____ at _____ o'clock. (4th Grade is Optional)

Basic information about anatomy, emotional and physical transformations of puberty, and the importance of good health and hygiene will be discussed. The website, <http://www.pgschoolprograms.com> contains the actual program and information for parents to review. We encourage you to discuss the class with your child and continue the important dialogue. Please feel free to contact your school nurse with any questions you might have.

_____ YES, _____, may participate in the Puberty
Child's Name
Education Class.

_____ NO, _____, may NOT participate in the Puberty
Child's Name
Education Class.

Signature of Parent/Guardian Date

