

Michael D. Matthews, Ed.D.  
Superintendent

Katherine Whittaker Stopp, Ed.D.  
Assistant Superintendent Education:  
Services



# Manhattan Beach Unified School District

Board of Trustees

Jennifer Cochran  
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325 South Peck Avenue • Manhattan Beach • California 90266 • (310) 318-7345 • FAX (310) 303-3822

April 23, 2019

Dear Parents of Fifth Grade Students:

As part of the Family Life unit of the Health Education Program, students in each school will see two videos and participate in discussions to help the boys and girls in the fifth grade understand the physiological changes, which occur in their bodies and the impact of these changes as they enter puberty.

As outlined in our Board approved guidelines, we will show the videos Just Around the Corner for Boys and Just Around the Corner for Girls to fifth grade boys and girls in separate groups.

Parents are invited to preview these videos prior to the time they will be shown to children. Board approved guidelines require parent permission for pupil participation in this program. If, for any reason, you do not want your child to see the videos, please notify the teacher by indicating your preference on the form below.

**The form below must be returned to your child's teacher by May 10, 2018** indicating each parent's preference in regard to the Family Life program. Videos will then be shown to students with parental permission at school sites on a date determined by each school. Students not participating in the Family Life program will be provided with alternative curriculum.

Parents are encouraged to discuss the videos and related matters with their children. If you have further questions regarding the Family Life unit, please contact your child's teacher, your school principal, or feel free to contact me.

Sincerely,

Katherine Whittaker Stopp, Ed.D.  
Assistant Superintendent of Educational Services

(detach here)



Student's Name: \_\_\_\_\_ Student's Teacher: \_\_\_\_\_

\_\_\_\_\_ I would like my child to view the videos shown in the Family Life Program.

\_\_\_\_\_ I do not want my child to participate in the Family Life Program.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent / Guardian Signature

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