

Dear Parents:

Your student's school has invited the Rutherford Abstinence Program (Asitia) to speak to our students in _____ class.

The Rutherford Abstinence Program believes that saving sex until a committed, faithful marriage relationship is the **only** way to protect against the emotional and physical problems that result from premarital sexual activity. The drastic rise in teen pregnancy, sexually transmitted diseases, and HIV can only be stopped by teens understanding the importance of their sexuality and making wise choices.

We encourage you to talk with you student. We understand that the subject matter that will be discussed is sensitive, and we make every effort to present the matter on grade-appropriate levels.

The *Why Know* curriculum used by the Rutherford Abstinence Program meets the State of Tennessee's requirements of teaching abstinence as an effective way of preventing teen pregnancy, sexually transmitted diseases, and HIV.

If you have any questions, you may call our office at _____, or you may call the Abstinence Education Office at the Pregnancy Support Center at 867-3900.

Sincerely,

The Asitia Abstinence Education program is provided by the Pregnancy Support Center, 745 S. Church St., Suite 801, Murfreesboro, TN 37130.

Parent/Guardian Permission Form

(Please check one)

- I have read the letter of explanation and I give my student, _____, permission to participate in the Why kNOw Abstinence Education Course.
- I have read the letter of explanation and I do not wish for my student to participate at this time.

Signed: _____ Date: _____ (Parent/Guardian)

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