Mississippi Department of Education Office of Healthy Schools

Policy and Curriculum Reporting Form for Mississippi Code 37-13-171(SRE)

Please check here if there has been a revision to a previously reported policy and/or curriculum \Box

School District Name: The School Board of Education representing the above mentioned school district has approved the following policy (mark one):				
	□ Abstiner	nce-Only	□ Abstinence-Plus	3
Date Adopted by Scl	nool Board	:		
Please list the name of the curriculum that has been selected for your district:				
Please indicate in which grade/grades curriculum will be implemented:				
	Check grade(s) here:	Grade	Number of Students Opted-in <u>Current</u> Year SY 2015-2016	
		5 th Grade		1
		6 th Grade		
		7 th Grade		
		8 th Grade		
		9 th Grade		
		10 th Grade		
		11 th Grade		
		12 th Grade		
				
Superintendent Signature			Date	
Please complete this Scott Clements, Dire Office of Healthy Sc MS Department of E	ector hools	l return to:		

Post Office Box 771 Jackson, MS 39205-0771 SClements@mde.k12.ms.us

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