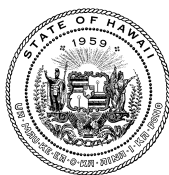


JOSH GREEN, M.D.
GOVERNOR



KEITH T. HAYASHI
SUPERINTENDENT

STATE OF HAWAII
DEPARTMENT OF EDUCATION
KA 'OIHANA HO'ONA'AUAO

Pearl City Highlands Elementary School
1419 Waimano Home Road
Pearl City, HI 96782

October 20, 2025

Dear Parent(s) or Guardian(s):

The Hawaii State Department of Education's (HIDOE) prevention-oriented Sexual Violence Prevention (SVP) Program was established in accordance with Erin's Law. Erin Merryn is a childhood sexual assault survivor, author, speaker, and activist. The bill, "Erin's Law," is not a statutory requirement in Hawaii. However, HIDOE mandated a multiyear rollout, requiring all elementary and secondary schools to implement a prevention-oriented child sexual abuse prevention program by school year 2026 - 2027.

The Pearl City Complex schools have selected lessons from the 3Rs (Rights, Respect, and Responsibility), NetSmartz, and the Fight Child Abuse (FCA) curricula. These curricula were vetted by the HIDOE Office of Student Support Services (OSSS) as being prevention-based and developmentally appropriate. The FCA curriculum focuses on bodily autonomy (e.g., body awareness and safety, consent, and boundaries), recognizing and reporting sexual abuse, and accessible resources (e.g., trusted adults and community resources). The 3Rs curriculum focuses on boundaries, consent, and healthy relationships. NetSmartz focuses on online safety and building awareness about online risks. These curricula employ a range of teaching techniques, including direct instruction, videos, books, and age-appropriate activities focused on sexual violence prevention. Hard copies of the curriculum are available in the front office for your review or on our school website at <https://www.pches.org>. Hard copies in the office will be available from November 12, 2025, through November 28, 2025. Please call the office to make an appointment if you would like to preview the SVP curriculum.

PCHES will begin SVP education in January 2026. Lessons will be a part of Articulation rotations in the third quarter. Included in this packet is Superintendent Hayashi's memo on SVP Education, an SVP informational brochure for parents, and an opt-out form. If you do not wish for your child to participate in the SVP lessons, please complete the attached opt-out form by **Friday, November 28, 2025**. If you do not return the opt-out form, there is a mutual understanding between our school and your family that your child will participate in the SVP lessons. Students will not receive a grade for SVP, and will be provided alternative lessons if they opt out.

Please direct any questions or concerns to the front office (808) 307-4800.

Sincerely,

Keith Hui
Principal

AN AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYER

SVP Opt-Out FORM

If you **do not** want your child to participate in SVP lessons, complete this form and return it to school no later than **Friday, November 28, 2025**. This opt-out form is valid only for the 2025 - 2026 school year.

Grade 1 Tentative Lesson Schedule:

- 1/12/26, Lesson 1: The Protect Yourself Rules (FCA)
- 1/26/26, Lesson 2: It Doesn't Matter Who It Is (FCA)
- 2/6/25, Lesson 3: Know When To Tell (FCA)

My child **WILL NOT** participate in:

- ☐ 1/12/26, Lesson 1: The Protect Yourself Rules (FCA)
- ☐ 1/26/26, Lesson 2: It Doesn't Matter Who It Is (FCA)
- ☐ 2/6/25, Lesson 3: Know When To Tell (FCA)
- ☐ My child will opt out of **ALL** SVP lessons

Student

Name: _____ Grade: _____

Parent

Name: _____

Teacher

Name: _____

Parent

Signature: _____ Date: _____

**** The form is not valid if the parent's signature is missing.***

SVP Opt-Out FORM

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Grade K Tentative Lesson Schedule:

- 1/13/26, Lesson 1: The Protect Yourself Rules (FCA)
- 1/27/26, Lesson 2: It Doesn't Matter Who It Is (FCA)
- 2/10/26, Lesson 3: Know When To Tell (FCA)

My child **WILL NOT** participate in:

- ☐ 1/13/26, Lesson 1: The Protect Yourself Rules (FCA)
- ☐ 1/27/26, Lesson 2: It Doesn't Matter Who It Is (FCA)
- ☐ 2/10/26, Lesson 3: Know When To Tell (FCA)

- ☐ My child will opt out of **ALL** SVP lessons

Student

Name: _____ Grade: _____

Parent

Name: _____

Teacher

Name: _____

Parent

Signature: _____ Date: _____

**** The form is not valid if the parent's signature is missing.***

SVP Opt-Out FORM

If you **do not** want your child to participate in SVP lessons, complete this form and return it to school no later than **Friday, November 28, 2025**. This opt-out form is valid only for the 2025 - 2026 school year.

Grade 2 Tentative Lesson Schedule:

- 1/8/26, Lesson 1: The Protect Yourself Rules (FCA)
- 1/22/26, Lesson 2: It Doesn't Matter Who It Is (FCA)
- 2/5/26, Lesson 3: Know When To Tell (FCA)

My child **WILL NOT** participate in:

- ☐ 1/8/26, Lesson 1: The Protect Yourself Rules (FCA)
- ☐ 1/22/26, Lesson 2: It Doesn't Matter Who It Is (FCA)
- ☐ 2/5/26, Lesson 3: Know When To Tell (FCA)

- ☐ My child will opt out of **ALL** SVP lessons

Student

Name: _____ Grade: _____

Parent

Name: _____

Teacher

Name: _____

Parent

Signature: _____ Date: _____

**** The form is not valid if the parent's signature is missing.***

SVP Opt-Out FORM

If you **do not** want your child to participate in SVP lessons, complete this form and return it to school no later than **Friday, November 28, 2025**. This opt-out form is valid only for the 2025 - 2026 school year.

Grade 3 Tentative Lesson Schedule:

- 1/8/26, Lesson 1: The Protect Yourself Rules (FCA)
- 1/22/26, Lesson 2: It Doesn't Matter Who It Is (FCA)
- 2/5/26, Lesson 3: Know When To Tell (FCA)

My child **WILL NOT** participate in:

- ☐ 1/8/26, Lesson 1: The Protect Yourself Rules (FCA)
- ☐ 1/22/26, Lesson 2: It Doesn't Matter Who It Is (FCA)
- ☐ 2/5/26, Lesson 3: Know When To Tell (FCA)

- ☐ My child will opt out of **ALL** SVP lessons

Student

Name: _____ Grade: _____

Parent

Name: _____

Teacher

Name: _____

Parent

Signature: _____ Date: _____

**** The form is not valid if the parent's signature is missing.***

SVP Opt-Out FORM

If you **do not** want your child to participate in SVP lessons, complete this form and return it to school no later than **Friday, November 28, 2025**. This opt-out form is valid only for the 2025 - 2026 school year.

Grade 4 Tentative Lesson Schedule:

- 1/6/26, Lesson 1: The Protect Yourself Rules (FCA)
- 1/20/26, Lesson 2: Secrets (FCA)
- 2/2/26, Lesson 3: Smart Choices Online (FCA)
- 2/10/26, Lesson 4: Tell (FCA)

My child **WILL NOT** participate in:

- ☐ 1/6/26, Lesson 1: The Protect Yourself Rules (FCA)
- ☐ 1/20/26, Lesson 2: Secrets (FCA)
- ☐ 2/2/26, Lesson 3: Smart Choices Online (FCA)
- ☐ 2/10/26, Lesson 4: Tell (FCA)

- ☐ My child will opt out of **ALL** SVP lessons

Student

Name: _____ Grade: _____

Parent

Name: _____ Teacher

Name: _____

Parent

Signature: _____ Date: _____

**** The form is not valid if the parent's signature is missing.***

SVP Opt-Out FORM

If you **do not** want your child to participate in SVP lessons, complete this form and return it to school no later than **Friday, November 28, 2025**. This opt-out form is valid only for the 2025 - 2026 school year.

Grade 5 Tentative Lesson Schedule:

- 1/16/26, Lesson 1: If You Don't Have Consent, You Don't Have Consent (3Rs)
- 1/30/26, Lesson 2: Your Body, Your Rights (3Rs)
- 2/13/26, Lesson 3: Smart Choices Online (FCA)

My child **WILL NOT** participate in:

- ☐ 1/16/26, Lesson 1: If You Don't Have Consent, You Don't Have Consent (3Rs)
- ☐ 1/30/26, Lesson 2: Your Body, Your Rights (3Rs)
- ☐ 2/13/26, Lesson 3: Smart Choices Online (FCA)

- ☐ My child will opt out of **ALL** SVP lessons

Student

Name: _____ Grade: _____

Parent

Name: _____

Teacher

Name: _____

Parent

Signature: _____ Date: _____

**** The form is not valid if the parent's signature is missing.***

SVP Opt-Out FORM

If you **do not** want your child to participate in SVP lessons, complete this form and return it to school no later than **Friday, November 28, 2025**. This opt-out form is valid only for the 2025 - 2026 school year.

Grade 6 Tentative Lesson Schedule:

- 1/15/26, Lesson 1: Understanding Boundaries (3Rs)
- 1/29/26, Lesson 2: Your Body, Your Rights (3Rs)
- 2/12/26, Lesson 3: Online Safety for Middle School (NetSmartz)

My child **WILL NOT** participate in:

- ☐ 1/15/26, Lesson 1: Understanding Boundaries (3Rs)
- ☐ 1/29/26, Lesson 2: Your Body, Your Rights (3Rs)
- ☐ 2/12/26, Lesson 3: Online Safety for Middle School (NetSmartz)
- ☐ My child will opt out of **ALL** SVP lessons

Student

Name: _____ Grade: _____

Parent

Name: _____

Teacher

Name: _____

Parent

Signature: _____ Date: _____

**** The form is not valid if the parent's signature is missing.***