

# Student Opt-Out Notice

## INSTRUCTIONS

Note: These instructions are designed to assist parents/guardians in completing the foregoing notice.

- 1.) You are free to copy/share this Student Opt-Out Notice with other parents.
- 2.) Submitting this notice provides the opportunity to exempt your child from sex education, STD and STI education, school authorized vaccinations/immunizations, and/or mental health screening during the school year specified.
- 3.) You may check all of the boxes, only one box, or a few boxes, depending on your particular beliefs.
- 4.) When completed, make two copies, sign and date each copy in ink.
- 5.) Proof of Service—Send the Opt-Out Notice to the school Principal by Certified Mail, Signature Requested (preferred method). Alternatively, it may be sent by any method whereby delivery can be confirmed. The Principal's signature serves as Proof of Service. ***You do no need nor are you asking for "agreement" or "authorization."*** You only need proof that you delivered the Opt-Out Notice to the school.
- 6.) As a Second Proof of Service, take a completed notice to the school office. Ask the school secretary or school principal to sign and date; and/or to place the school "Received" stamp on each copy of the notice. ***The Opt-Out Notice is an assertion of your legal rights and not an agreement.*** The signature from the school is not required to "validate" your demand. The school signature is only to serve as proof that the school was put on notice of your legal rights and that the violation of your rights could be legally actionable.
- 7.) Keep one copy (with proof of service) for your family and ask that the school keep a copy in your child's school records (the cumulative file).
- 8.) Educate your children to report to you if school officials attempt to compel them to participate in activities from which they have been opted out.

**The Opt-Out Notice must be resubmitted every year.**

## Student Opt-Out Notice

To: \_\_\_\_\_,

Principal at \_\_\_\_\_ School

From: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned parent/guardian(s) have elected to invoke parental rights under Federal and State Statutes and Case Law. This is not a complaint against the school. Rather, it is an exercise of parental rights made necessary by events globally in which children have been harmed and their rights, safety and health injured by mental health and social-emotional learning initiatives based on special interest agendas rather than science and having no proof of long-term benefit to child development.

I thank you in advance for your cooperation in this matter. This notice applies until and unless revoked in writing by me.

### PRIOR NOTIFICATION

Parents and guardians have legal rights to be notified in advance of any instruction on human sexuality or HIV/AIDS. My child is not to receive any instruction about human sexuality/HIV without my receipt of prior notice and **sufficient time to review all of the materials/plans of instruction**, including all school-wide surveys, programs, and projects that address human sexuality or HIV/AIDS.

My expectation of prior notification includes human sexuality or HIV/AIDS content presented in any and all core/elective classes, at assemblies/presentations, school events, on field trips, by guest speakers, surveys given/offered, during extra-curricular activities and in conversation with school system employees and agents in any setting, on or off campus, while my child is in the care of the school.

**This opt-out applies to all checked boxes below:**

- ☐ **Human Sexuality Education**—All classes or instruction pertaining to comprehensive human sexuality education, including family planning; human sexuality; the emotional, physical, psychological, hygienic, economic, and social aspects of family life and/or reproductive health; and any subject matter related to gender identity and/or expression. This shall be considered continuing written notice that my child will not be

enrolled or participate in Human Sexuality/Gender/Identity education or activities without my prior written authorization.

- ☐ **Sexually Transmitted Disease (STD) and Sexually Transmitted Infection (STI) Education**—The entirety of instruction in HIV/AIDS education; and the recognition, prevention, and treatment of STDs and STIs. This shall be considered continuing written notice that my child will not be enrolled or participate in STD or STI education or activities without my prior written authorization.
- ☐ **Immunization**—Any and all vaccinations for religious or philosophical convictions, or other objections.
- ☐ **Mental Health Screening/Education**—all health care, mental or social programs and screening, whether directly by the school or through an affiliated resource. Concerns by school staff relating to my child’s mental health are to be brought to me for my attention and assessment. School staffs are not to take it upon themselves to obtain a diagnosis or provide mental health treatment, analysis, referral, or labeling of any nature. Assessment and testing are to center on academics and physical fitness only. This includes, but is not limited to:
- 1) School or school-based counseling related to mental or physical health.
  - 2) Behavioral, mental health, depression/suicide, or psychological/behavioral screenings of any nature and/or diagnostic screenings, instruments, or surveys.
  - 3) Anger management, self-esteem, conflict resolution courses; group or family counseling.

#### **Freedom from harassment, suspension, or expulsion**

In addition, it is understood that refusal to take part or participate in any class, course, survey, assembly, or school-sponsored activity on these matters **shall not be reason for harassment, suspension, or expulsion of a student.**

Keep this signed, written notice on file in my child’s permanent, cumulative record. This notice supersedes any prior consents or notices.

Respectfully,

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian(s)