



PENNSYLVANIA PARENT & STUDENT OPT-OUT NOTICE

Please take notice that my child is to be excused and exempted for the 2022-2023 school year from the following school instruction, programs, and/or activities. This opt-out applies to all checked boxes below:

Instruction regarding prevention of human immunodeficiency virus (HIV) infection/acquired immunodeficiency syndrome (AIDS) and other life-threatening and communicable diseases

– Pursuant to 22 Pa. Code § 4.29, this serves as notice that my child is to be exempted from participation in instruction regarding prevention of human immunodeficiency virus (HIV) infection/acquired immunodeficiency syndrome (AIDS) and other life-threatening and communicable diseases.

Dating violence education program

– Pursuant to 24 Pa. Stat. § 15-1553, this serves as notice that my child is to be exempted from participation in dating violence education program.

Courses in the literature of religious writings

– Pursuant to 24 Pa. Stat. § 15-1515, this serves as notice that my child is to be exempted from participation in courses in the literature of religious writings.

Course of instruction that involves dissecting, vivisectioning, incubating, capturing or otherwise harming or destroying animals or any parts; education projects or tests that involve harmful or destructive use of animals

– Pursuant to 24 Pa. Stat. § 15-1523, this serves as notice that my child is to be exempted from participation in the course of instruction that involves dissecting, vivisectioning, incubating, capturing or otherwise harming or destroying animals or any parts and any education project or test that involves harmful or destructive use of animals.

Private information

– Pursuant to 20 U.S.C. § 1232h, absent my written consent, none of the following may be undertaken regarding my child. The administration of any survey, analysis or evaluation that reveals:

- (1) political affiliations or beliefs of my child or me,
- (2) mental or psychological problems of my child or his or her family,
- (3) sexual behavior or attitudes,
- (4) illegal, anti-social, self-incriminating, or demeaning behavior,
- (5) critical appraisals of other individuals with whom respondents have close family relationships,
- (6) legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers,
- (7) religious practices, affiliations, or beliefs of my child or me, or
- (8) income (other than required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

Medical or dental examination or treatment

– Pursuant to 24 Pa. Stat. § 14-1419 and 28 Pa. Code § 23.45, this serves as notice that my child is to be exempted from regular or special medical examinations or treatments because such examinations or treatments are contrary to the religious beliefs of the parent or guardian of the child and even when parent consent is given, must be done in the presence of the parent or guardian.

Scoliosis screening

– Pursuant to 28 Pa. Code § 23.10, please take notice that my child is to be exempted from scoliosis screening.

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Immunization

– Pursuant to 28 Pa. Code § 23.84, please take notice that my child is to be exempted from immunization on the following grounds:

- Immunization may be detrimental to the health of the child.
- The parent, guardian or emancipated child objects on religious grounds or on the basis of a strong religious, moral or ethical conviction.

Gender Identity/Transgender

– Pursuant to 20 U.S.C. § 1232h, absent my written consent, please take notice my child is to be exempted from any activity, communication (written or oral), and curriculum that includes; gender identity, gender fluidity, gender as a social construct, gender binary, gender spectrum, gender non-conforming, gender queer, gender variant, gender expression, drag queen/king, transgender identity, transgender affirmation, gender/preferred pronouns, cisgender, gender change, gender transition, gender surgery, gender affirmation surgery, puberty blocking hormones, cross-sex hormones, “sex assigned at birth,” sex change.

Sexual Activity

– Pursuant to 20 U.S.C. § 1232h, absent my written consent, please take notice my child is to be exempted from any activity, communication (written or oral), and curriculum that includes sexual activity of any kind (sexual intercourse, vaginal/oral/anal/group sex, masturbation), sexual relationships (polysexual, pansexual, polyamory, swinging, relationship anarchy).

Sexual Orientation

– Pursuant to 20 U.S.C. § 1232h, absent my written consent, please take notice my child is to be exempted from any activity, communication (written or oral), and curriculum that includes any sexual orientation, including homosexual, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, two-spirit, “LGBT” or any acronymic variant thereof.

Abortion/Contraception

– Pursuant to 20 U.S.C. § 1232h, absent my written consent, please take notice my child is to be exempted from any activity, communication (written or oral), and curriculum that includes abortion methods/drugs/devices, how to get an abortion without parental knowledge, contraceptive methods/drugs/devices, how to get contraceptives without parental knowledge.

Human Sexuality Education

– Pursuant to 20 U.S.C. § 1232h, absent my written consent, please take notice my child is to be exempted from any activity, communication (written or oral), and curriculum that includes; 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.

Mental Health Screening/Education

– Pursuant to 20 U.S.C. § 1232h, absent my written consent, please take notice my child is to be exempted from any activity, communication (written or oral), and curriculum that includes 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

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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.

Social Emotional learning (SEL) and Diversity Equity Inclusion (DEI)

– Pursuant to 20 U.S.C. § 1232h, absent my written consent, please take notice my child is to be exempted from any activity, communication (written or oral), and curriculum that includes advocating for the ideology of SEL and DEI. This includes 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.

Research Based

– Pursuant to 20 U.S.C. § 1232h, absent my written consent, please take notice my child is to be exempted from any activity, communication (written or oral), and curriculum that includes all research based, data driven, data collection educational programs that have not had full approval by the Institutional Review Board (IRB) and parents/guardians that have not had complete transparency and access to the entire research project. All apps that have privacy policies which indicate personal identifiable information can be shared with partners and/or third parties.

Masking

- Pursuant to 21 USC § 360bbb-3 (a) (2)(A), Masks and Test Kits are unapproved Emergency Use Authorized medical devices. My child(ren) is hereby exempt from masking without my expressed written consent as it otherwise violates 24 Pa. Stat. § 14-1419 and 28 Pa. Code §23.45.

(*) See, e.g., *Troxel v. Granville*, 530 U.S. 57 (2000)(the Constitution “protects the fundamental right of parents to make decisions concerning the care, custody, and control of their children”); *Santosky v. Kramer*, 455 U.S. 745 (1982)(recognizing “fundamental liberty interest of natural parents in the care, custody, and management of their child”); *Wisconsin v. Yoder*, 406 U.S. 205 (1972)(recognizing “liberty of parents...to direct the upbringing and education of children”); *Pierce v. Society of Sisters*, 268 U.S. 510 (1925) (parents have the right “to direct the upbringing and education of children under their control.”)

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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.**

I expect all school officials to treat our all children opted out of any lesson, with dignity and respect. If the requests in this letter are not honored, or if our child experiences discrimination or any other mistreatment, I will pursue any and all legal and equitable remedies available to us through state, federal, and constitutional law. (*)

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

Child's Name _____ Grade Level _____

Date ____/____/____

Parent/Guardian's Name(s) _____

Parent/Guardian's Signature(s) _____

Parent/Guardian's Address _____

Daytime/Evening Phone Number(s) _____

School Name _____ School District _____

Received By (Print Name) _____

Received By (Signature) _____ Date Received ____/____/____

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