



**THREE  
OPT-OUT  
FORMS**

**EVERY PARENT  
MUST USE**

# PARENTAL OPT-OUT FORM

I, \_\_\_\_\_, as parent and/or legal guardian of \_\_\_\_\_, a minor child, hereby exercise my right under the US Constitution and laws of the State of \_\_\_\_\_, to direct the upbringing and education of my minor child, as follows:

1. **I DO NOT CONSENT** to my child's participation in any opinion survey, personal analysis, evaluation, questionnaire or any other form of data collection that reveals or attempts to affect, or references or relates in any way to my child's attitudes, habits, traits, opinions, beliefs or feelings concerning: curriculum, political affiliations, religious beliefs or practices; mental or psychological conditions; sexual behavior or attitudes, sexual activity, sexual orientation; gender identity; or illegal, antisocial, self-incriminating or demeaning behavior. For the avoidance of doubt, my child is not allowed or permitted to partake in any survey, including curriculum centric and/or opinion in nature, without parental written consent.

Parent and/or Legal Guardian

Printed Name

Signature

Date

School Administrator

Printed Name

Signature

Date



## PARENTAL RIGHTS 3-DAY NOTICE

I, \_\_\_\_\_, as parent and/or legal guardian of

\_\_\_\_\_, a minor child, am hereby providing notice that if you become aware, directly or indirectly, that my child has requested to be known by different pronouns, by a different name or otherwise communicates or exhibits behaviors that communicates a desire to transition gender or sex, you should notify me within three (3) business days of having learned such information. Notification should be attempted by at least two (2) different methods of communications (e.g., phone call, text, email, mail). Without my prior written consent, under no circumstances shall my child be referred to or engage with any on-staff school counselor, contracted school counselor, social worker, or any mental health professional.

Phone Number

Email

Address

Parent and/or Legal Guardian

Printed Name

Signature

Date



# CALL TO ACTION

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## ***RE: Opt-Out Request for Social Emotional Learning (SEL) Programs***

I am writing to formally request that my child, \_\_\_\_\_, be excused from participation in the Social Emotional Learning (SEL) program at \_\_\_\_\_. As a parent, I deeply value my child's education and am committed to fostering a learning environment that aligns with our family's principles.

It is inappropriate and goes against my child's Constitutional rights for aspects like character education, values, and beliefs to be conveyed to my child through SEL program(s). It is imperative for our family that these SEL elements are not instilled in our child without prior approval.

In accordance with my parental rights and the principles outlined in the First Amendment, please regard this as my formal request to opt my child out of SEL programs or any SEL-related activities.

(For precedent see: [BRANDI BRANDL, OLIVER BRANDL, III, KRISTIE ALWINE AND FRANK W. JOHNSON, SR. vs WEST SHORE SCHOOL DISTRICT](#))

I understand that alternative arrangements may be necessary for my child during the SEL program, and I am open to discussing suitable alternatives that do not involve the aforementioned elements.

I appreciate your attention to this matter and look forward to working collaboratively to ensure that my child's education remains in harmony with our family's values.

Sincerely,

Name

Signature