PARENT/STUDENT OPT-OUT DOCUMENT

This document shall be part of (each of) my child(ren)'s school record. It is not for public release.

I/We,_____, ***(parent(s)/guardian(s) names)*** elect to opt-out my/our child(ren),_____ ***(Child(rens) Names and Grade Level)*** under the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA) from any survey or questionnaire at any of the schools of _____ School District that requires my/our child(ren) to answer questions specifically regarding race, gender, gender identification, sexual orientation, national origin, disability, family structure, and/or socio-economic status.

If a survey is essential to the district's information, please send to me/us for inspection, and I/we will review and complete.

I/We,_____, ***(parent(s)/guardian(s) names)*** elect to opt-out my/our child(ren),_____ ***(Child(rens) Names and Grade Level)*** under FERPA and PPRA from taking any test, assessment, or examination that purports to determine whether my/our child(ren) have any alleged implicit or unconscious bias, including without limitation the Implicit Association Test.

> **The authors of the IAT state: *"The tests at this site are scientific research, and it is not ethical to require that people participate in scientific research."***

I/We,_____, ***(parent(s)/guardian(s) names)*** elect to opt-out my/our child(ren),_____ ***(Child(rens) Names and Grade Level)*** identifying us, the parents, as the primary source of our children's sexual education, of any dissemination of information, including but not limited to any lesson, assignment, program, curriculum, workshops, school assembly, and/or social-emotional or other guidance and counseling activity at any of the schools of _____ School District pertaining to sexuality, sexual identity, gender identity, and sexual lifestyles. Our children are not to be given reading materials, in-classroom displays, surveys, or verbal instruction of any kind pertaining to those areas.

We will notify you of our consent to any instruction on sexuality in form once it has been presented to us for review for 6th grade on.

I/We,_____, ***(parent(s)/guardian(s) names)*** elect to opt-out my/our child(ren),_____ ***(Child(rens) Names and Grade Level)*** from any lesson, assignment, program, books and readings both fiction and non-fiction, curriculum, workshops, school assembly, displays, and/or social-emotional activity or other guidance and counseling activity at any of the schools of _____ School District that deprives my/our child(ren) of equal dignity and protection of their natural, God-given, constitutional, and/or legal rights by promoting any of the following ideas or actions:

- Any race, gender, sexual orientation, national origin, and/or socio-economic status is inherently superior or inferior to any other race, gender, sexual orientation, national origin, and/or socio-economic status.
- Fundamentally negative perceptions of our country, our state, or our local governments and institutions and/or those who serve therein.
- The values, principles, and/or ideals of one's own, one's family, one's religion are incorrect, inferior, and/or limiting them from academic and/or social emotional growth and development.

Promoting would include any of the following:

1. Advocating in a way that would make it appear to a reasonable person that the _____ School District sponsors, approves of, or endorses those views.
2. Contracting with, hiring, or otherwise engaging speakers, consultants, trainers, and other persons who advocate religious or sectarian theories or beliefs to students, parents, teachers, district employees, or the community.
3. Compelling students, parents, teachers, the community, and/or any district employees of _____ School District to affirm or profess belief in any religious or sectarian theories or beliefs in violation of their individual beliefs.
4. Discriminatory identification, recognition, segregation, and/or treatment of students, teachers, or district employees in the _____ School District based on race, gender, sexual orientation, national origin, and/or socio-economic status, including educational and training sessions.

To ensure privacy rights, I/we,_____, ***(parent(s)/guardian(s) names)*** expect proper compliance with the standards required under FERPA and PPRA and will hold the _____ Board of Education and the _____ School District accountable to:

1. ensure that the district develops and adopts policies, ***in consultation with parents***
2. ensure the board and district follow legal requirements under the PPRA to provide proper, direct notification to all parents of students in our district regarding scheduled or expected to be scheduled activities or surveys.

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Nothing in this opt-out request shall be construed to restrict the protected speech of students, teachers, or other employees of _____School District, or of any other individual.

Nothing in this opt-out request shall be construed to prevent students and other individuals from accessing materials that advocate religious and/or sectarian theories described in this opt-out for the purpose of research or independent study.

Nothing in this opt-out shall be construed to prevent the _____ School District from stating or assigning materials that advocate religious and/or sectarian theories in contexts that make clear to the students, parents, and the community that the _____ School District does not sponsor, approve, or endorse such theories or works.

_____

(Signature of Parent(s)/Guardian(s))

Address: _____

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