

Date

Re: **Parental Request for Opting Out and Notification of:**

Human Sexuality Education, Health Care, Mental Health Care, Psychological Screening or Counseling, Surveys

Dear Administrator:

I am a [INSERT SCHOOL DISTRICT NAME] District parent/guardian and my child [NAME] is a [grade] student at [school].

This letter serves to provide notice that absent (without) my written consent, my child may not be subject to any form of human sexuality education, surveys, health care, mental health care, psychological, social services by school system employees and agents in any setting, on or off campus, while my child is in the care of the school.

Additionally, concerns pertaining to matters around my child's physical, mental, emotional, sexual, psychological wellbeing are to be brought to my attention and assessment. No one is to take it upon themselves to obtain a diagnosis or to provide any health/mental health treatment, analysis, referral or labeling of any nature without my written consent.

This is not a complaint against the school. Rather, it is an exercise of my parental rights and as a means to guide/monitor my child's education, health, safety and wellbeing. I fully expect that my child will not be subjected to retaliation, shaming or any other public conversation or discussion about this opt out/notification request. I thank you in advance for your assistance and cooperation in this matter.

Sincerely,

Parent/Guardian Name(s):

Parent/Guardian Signature(s):

Phone #:

Email Address: