## **STUDENT OPT-OUT NOTICE**

To:	Superintendent of Schools of
	Principal,,(name of school)
From:	The Parent(s)/Guardian of
parent under	receipt of this document, you are placed on legal notice that I/we, the undersigned (s)/guardian of, have elected to invoke my/our parental rights Federal and State Statutes and Case Law regarding the instruction of comprehensive sexuality to Id(ren).
1.	You are not to instruct my child about human sexuality without first providing me/us on an incident by incident basis, at least 15 days prior notice, and obtaining my written permission after allowing me the opportunity to review your materials/lesson plan.
2.	You are specifically forbidden from addressing issues of homosexuality, bisexuality, lesbianism, transsexuality, sadomasochism, pedophilia, beastiality or other alternative to monogamous heterosexual marriage to my child(ren) in any manner or form which would convey the message to my child that such orientation/behaviors are immutable, unchangeable or harmless.
3.	This prohibition extends to any legitimization or normalization of these sexual orientations/behaviors no matter how your program or approach is defined or packaged, including but not limited to any instruction, materials or conversations related to 'diversity', 'tolerance', 'multi-culturalism', 'gender studies', 'family life', 'safe schools', 'hate crimes', 'AIDS/HIV/STD' education' or the like.
4.	This prohibition extends to all school system employees and agents, including School Based Health Center staff, on or off campus, in which my child(ren) is/are in the care of the school.
5.	I am aware that politically active, ideological teachers and other school system employees across America have organized for the purpose of legitimizing homosexuality and related sexual orientations to school children, using various pretexts such as the theme of 'school safety'. I consider it the duty of the school to protect my child(ren) from any such activities or activism.
6.	This document shall supersede any previously signed permission forms you may have on file. The child(ren) to which this opt-out notice applies is/are:
Signed	d, Date

cc: Township, County, District or Municipality Board of Education