

Texas State Parent and Student Opt-Out Notice

Please take notice that pursuant to Texas Education Code §§ 26.010 and 38.001(c)(1)(B) and 20 U.S.C. § 1232(h), my child is to be excused and exempted for the current school year from the following school instruction and/or activities as indicated by the check marks below.

Exemption from Instruction/Engagement – Pursuant to Section 26.010(a), this shall serve as written notice that, due to personal religious and moral beliefs, my child is to be temporarily removed from a class or other school activity as follows: Clubs, programs or instruction dealing with sexuality, gender, sexual orientation.

Videos/discussion regarding any violence including school shootings

Immunization – Pursuant to Texas Education Code 38.001(c)(1)(B), this shall serve as written notice that I decline to give my child immunizations for reasons of conscience, including religious belief.

Ideological Survey and Indoctrination – This serves as written notice that without prior written consent, my child shall not be subjected to planned, systematic use of methods or techniques that are designed to inquire about or affect my child’s behavioral, emotional, or attitudinal characteristics. This includes but is not limited to “social emotional learning,” “anti-racist” pedagogy, and “critical theory” related methods, techniques, and/or curriculum.

Psychological Testing and Treatment – This serves as written notice that my child shall not be subject to or referred for psychiatric, or psychological examination, testing, or treatment as defined in 34 CFR § 98.4(c) without my prior written consent. Any action by the school shall comply with Texas Education Code § 38.016.

Medical Testing and Treatment – This serves as written notice that my child shall not receive non-emergency medical care, other than first aid, without my prior written consent.

Private Information – Pursuant to 20 U.S.C. § 1232(h), 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 behaviors 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, (8) ownership/knowledge of firearms or (9) income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

Assessment Instruments: My child will not be participating in STAAR assessments for the current school year.

Keep this signed, written notice on file in my child’s cumulative folder.

Child’s Name _____ Grade Level _____ Date _____

Parent/Guardian’s Name(s) _____

Parent/Guardian(s) Address _____

Parent/Guardian’s Signature(s) _____

Daytime/Evening Phone Number(s) _____

School Name _____ School District _____

Received by (Printed Name) _____

Received by (Signature) _____ Date Received _____