Date:

Dear Principal <<NAME>>:

Attached, you will find the parental opt-out for my children: <<Name (xx grade)>> for the school year <<XXXX-XXXX>>. Please add this to their school file and provide a copy to each of their teachers, including media center/librarians, and counselors.

Please respond by email to confirm you have received this request and let me know:

1. What, if any, alternative curriculum will be provided?
2. Where will my children be placed for the alternative curriculum?
3. Who will be supervising/teaching my children during alternative curriculum?
4. I would like to see all assignments, including formative and summative assessments.

Under [cite the state code that pertains to Family Life/Sex Education in your state. In Tennessee, use T.C.A. 49-6-1305], I DO NOT CONSENT to my child(ren), <<Name (xx grade)>> participating in ANY portion of “Family Life Education,” reading, instruction, discussions, supplemental materials, including videos, and I am requesting alternate academic instructing, during the same period.

Additionally:

Under [cite the state code that pertains to mental health and socioemotional health screenings in your state. In Tennessee, use T.C.A. 49-2-124], I DO NOT CONSENT to my child(ren), <<Name (xx grade)>> being administered psychotropic medication, mental health screening, evaluation, testing, or examination.

I request that this notification be included in the permanent file for my child as well as provided to any and all persons instructing my child during the XXXX-XXXX school year. Instruction contrary to this notice will lead to additional actions to protect my child.

If you have questions, please reach out by email at: >>email address<<

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Parent and/or Legal Guardian Date

Printed Name: