Recipient	
Dear	
Attached please find my parental Opt-Out form(s) for my child(ren) school year 2021-2022. As their parent/guardian it is imperative that these be added to their school file and a copy be given to each of their teachers and any media center professional.	_ for
Please confirm your receipt of this directive via email. We look forward to a great school year.	
If you have any questions, please contact me via email at	
Sincerely,	
Your Name	

Human Sexuality Instruction Parental Non-Consent/Opt Out Form For the _____ School Year

Per the rights given me in Texas Education Code Chapter 26 Parental Rights and Responsibilities and specifically Section 26.010 which states the following:

"Sec. 26.010. EXEMPTION FROM INSTRUCTION. (a) A parent is entitled to remove the parent's child temporarily from a class or other school activity that conflicts with the parent's religious or moral beliefs if the parent presents or delivers to the teacher of the parent's child a written statement authorizing the removal of the child from the class or other school activity."

I,			, as pare	nt and/or legal	guardian of		, a
minor cl	nild, hereby	exercise my	right under	the Protection	of Pupil Rights	s Amendment,	the U.S.
Constitut	ion and the	Constitution a	nd laws of the	e State of Texas	s, to direct the upb	oringing and edu	ucation of
my mino	r child, and	hereby place s	chool admini	strators on notic	ce of the following	g:	

- 1. I DO NOT CONSENT to my child's participation in any instruction or discussion on human sexuality which is derived in whole or in part from; contains information from; or references to the following sources:
 - A. National Sexuality Education Standards
 - B. Future of Sex Education (FoSE) Initiative
 - C. Sex, Etc.
 - D. GCAPP / FLASH
 - E. ETR, Inc., HealthSmart, Making A Difference, Draw the Line, etc.
 - F. Advocates for Youth, 3 R's (Rights, Respect, Responsibility)
 - G. Answer. The Trevor Project
 - H. SIECUS: Sex Ed for Social Change, PrEP
 - I. Planned Parenthood (including active videos like Roo, video library)
 - J. The Human Rights Campaign, The Kinsey Institute
 - K. GLSEN (Gay Lesbian Straight Education Network)
 - L. Gay Straight Alliance
 - M. Guttmacher Institute
 - N. Amaze.org
 - O. Any SEL programs including, but not limited to, BrainPop, Sanford Harmony, Purpose Prep, Second Steps, Edgenuity, RethinkEd, Seven Mindsets, etc.
- 2. I DO NOT CONSENT to my child being given instruction or information on, or being subjected to discussion of any aspect of human sexuality, unless I opt-in in writing for a sexual risk avoidance / abstinence centered curriculum like during Health class (see weascend.org). Instruction, media center materials or information including the following:
 - A. Abortion;
 - B. Birth control/contraceptives;
 - C. Sexual activity of any kind whatsoever, including, but not limited to, vaginal, oral or anal sex;
 - D. Sexual orientation, including, but not limited to any variant of homosexuality, including but not limited to, lesbian, gay, bisexual, queer, or questioning identities;

- E. Transgenderism or gender identity, including, but not limited to, gender as social construct; gender binary; gender spectrum; gender reassignment surgery, gender dysphoria, false gender pronouns, gender expression, or cross-sex hormones;
- F. Any referral of my child to a counselor, medical professional, social worker, within or outside the school for purposes of discussing sexuality, or any of the topics listed herein;
- G. Any written material of; reference to; or referral to an outside agency, group, individual or organization relating to sexuality (including, but not limited to those listed in Section 1).
- H. Any obscene or harmful to minors materials whether in print or online databases like Gale and EBSCO. Descriptions can be found in Texas Penal Code Chapter 43 whether visual or verbal.
- I. Any reference to or participation in a personal analysis, evaluation or survey that reveals or attempts to affect my child's attitudes, habits, traits, opinions, beliefs or feelings concerning: political affiliations; religious beliefs or practices; mental or psychological conditions; sexual behavior or attitudes; sexual activity; sexual orientation; gender identity; or illegal, antisocial, self-incriminating or demeaning behavior;
- J. Collection of data concerning any characteristics of my child listed in paragraph 2C above, whether collected by the school, the district, any other governmental entity, or a contractor or vendor, and whether or not such data is personally identifiable.
- K. Any advertisement of or participation in any group, organization, club, entity or activity that discusses or addresses sexual activity, sexual orientation or gender identity, under the guise of "bullying" or other rationale;
- L. Any additional instruction and discussion, including but not limited to: classroom teachers, school staff, third-party providers, YouTube or other videos, films, live streaming, other audio-visual methods, textbooks, workbooks, or handout material, including any entity listed under Section 1 or any topic listed under Section 2.

I am requesting alternative academic instruction for my child during the same period that any instruction on any aspect regarding above is provided or presented.

I hereby request that this notification be placed in my child's permanent file and be provided to all people offering instruction to my child during the school year. Any instruction contrary to this notice will be the subject of further action to protect my child.

Parent and/or Legal Guardian		
Printed Name	Date	
Received by:		
	Date:	

Racially Divisive Concepts / SEL Parental Non-Consent/

Opt Out Form For the _____ School Year

Per the rights given me in Texas Education Code Chapter 26 Parental Rights and Responsibilities and specifically Section 26.010 which states the following:

- 1. I DO NOT CONSENT to my child's participation in any instruction or discussion which is derived of racially divisive concepts in whole or in part from; contains information from; or references to the following sources, including but not limited to:
 - A. 1619 Project
 - B. Revisionist History
 - C. Critical Race Theory
 - D. Culturally Responsive Teaching
 - E. Ethnic Studies
 - F. Action Civics
 - G. White Fragility
 - H. Antiracism
 - I. Systemic Racism
 - J. Diversity, Equity, & Inclusion
 - K. Equity Initiatives
 - L. BrainPop
 - M. CASEL
 - N. Any SEL programs including, but not limited to, Sanford Harmony, Edgenuity, Purpose Prep, Second Steps, RethinkEd, 7 Mindsets, Panorama, UnboundEd, the Wallace Foundation etc.
- 2. I DO NOT CONSENT to my child being given any Social Emotional Learning (SEL), including the following:
 - A. Any referral of my child to a counselor, medical professional, social worker, within or outside the school for purposes of discussing SEL, or any of the topics

listed herein.

- B. Any reference to or participation in a personal analysis, evaluation or survey that reveals or attempts to affect my child's attitudes, habits, traits, opinions, beliefs or feelings concerning: political affiliations; religious beliefs or practices; mental or psychological conditions; or illegal, antisocial, self-incriminating or demeaning behavior;
- C. Any advertisement of or participation in any group, organization, club, entity or activity that discusses or addresses sexual activity, sexual orientation or gender identity, under the guise of "bullying" or other rationale;
- D. Any additional instruction and discussion, including but not limited to: classroom teachers, school staff, third-party providers, YouTube or other videos, films, live streaming, other audio-visual methods, textbooks, workbooks, or handout material, including any entity listed under Section 1 or any topic listed under Section 2.
- E. Collection of data concerning any characteristics of my child listed in paragraph 2C above, whether collected by the school, the district, any other governmental entity, or a contractor or vendor, and whether or not such data is personally identifiable.

I am requesting alternative academic instruction for my child during the same period that any instruction on any aspect regarding above is provided or presented.

I hereby request that this notification be placed in my child's permanent file and be provided to all people offering instruction to my child during the school year. Any instruction contrary to this notice will be the subject of further action to protect my child.

Parent and/or Legal Guardian		
Printed Name	Date	
Received by:		
	Date:	

EXEMPTIONS FROM SCREENINGS

I,	, understand(s) that Texas Health and Safety
(Parent or Guardian)	
Code Chapters <u>37</u> , <u>95</u> , and <u>36</u> 1	require all public and private schools to screen children for
abnormal spinal curvature, aca	nthosis nigricans, special senses, and communication disorders
before the end of the school ye	ear. I hereby request that
	(Name of Student)
NOT undergo the screenings a	at the school for
abnormal spinal	l curvature,
acanthosis nigri	cans,
special senses, a	and
communication	disorders.
I (we) object to the screenings	for the following reason(s):
I (we) will have our child scree	ened by a health provider of our choice and provide the school
district with proof of said scree	enings.
(Signature of Parent or	Guardian)
Received by:	
	Date: