

TO SCHOOL:

DATE: _____

RE: Student Name/Grade _____
SEX AND GENDER EDUCATION OPT-OUT FORM

Dear _____ School:

I am/we am/are the parent/guardian/s of the above-named student. Please accept this as our legally binding opt-out form for sex and gender education. Please notify us immediately if you have any questions or problems with this form or need anything further from us to make clear our consent and our intent.

I/we wish for my/our child to be excused from the following:

- | | |
|--|---|
| _____ Reproductive Anatomy/Puberty | _____ Teen Dating/Violence |
| _____ Barrier and Protection Methods/Pregnancy | _____ Sexual Exploitation/
Sexting |
| _____ Gender Roles, Identity, Expectations | _____ Sexual Orientation |
| _____ Transmission/Prevention of STIs/AIDS/HIV | _____ Healthy Relationships |
| _____ Understanding Boundaries/Consent | _____ Goal setting re: sexual
decisions/health |

I/we further wish for my/our child, named above, to be excused from any sexual or gender curriculum, regardless of format (e.g., written, video, spoken, photograph) or context (e.g., classroom, student health center, assembly, homework, discussion group), **that I/we have not been shown pursuant to my/our federally protected right under 20 USC 1232, and any applicable state law(s); and to which I/we have not given my/our express written consent after viewing it.**

This document will serve as my/our request to view all sex or gender curriculum; please contact me at the time and place below to schedule a viewing time. Thank you.

I/we do not consent to my/our child being taught anything about sex or gender which I/we have not viewed, read, heard or witnessed, and to which I/we have not given my/our express written consent.

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Specifically, I/we do not consent to, and you are hereby instructed to refrain from, any attempts to interrogate or survey our SON/DAUGHTER about HIS/HER sexual privacy or in any way attempt to teach HIM/HER that “gender” is anything but either a grammatical noun classification or a synonym for biological sex; that people can be born in the wrong body, or with a theoretical mismatch between brain and body; or that surgical or pharmaceutical experimentation is warranted to address “gender” or any theoretical mismatch between brain and body. Neither do I/we consent to any interrogation of my/our child about his/her personal sex/gender preferences or characteristics; whether this interrogation be done by school or district staff, subcontractors, or student peers acting on the school’s or the district’s instruction. Nor do I/we consent to my/our child’s participation in any surveys or studies of students’ sex- or gender-related behaviors or characteristics, whether those studies be done by the school, the district, or by third parties acting on behalf of the same (e.g., universities, government agencies, or student peers).

It is against federal and state law for educators to use their trusted positions to politically or sexually indoctrinate, coerce or harass students or their families.

You are hereby notified that I/we will hold _____ School and _____ District liable for any harm that comes to our above-named child as a result of sex- or gender-related school activities to which we haven’t expressly consented to in writing, and/or as a result of your failure or refusal to abide by our wishes as expressed in this document.

Signed this _____ day of _____, 20____.

Parent/Guardian Name

Parent/Guardian Name