

[DATE]

[PARENTS' ADDRESS]

[PARENTS' ADDRESS]

[PARENTS' ADDRESS]

[TEACHER'S/PRINCIPAL'S NAME]

[SCHOOL NAME]

Loudoun County Public Schools

Dear [TEACHER'S/PRINCIPAL'S NAME],

My child, [CHILD'S NAME], is to be opted out of all Family Life Education curriculum for school year [20XX-XX]. Further, [CHILD'S NAME] is not to be included in any lessons, activities, or discussions in any class, club, or activity led by teachers, staff, administrators, or guest speakers around the following topics:

Critical Race Theory

Human Sexuality

Transgender Issues

Homosexuality and/or Sexual Orientation

Family Composition

Gender Identity

If any part of a unit of curriculum contains references to any of the above topics, please provide [CHILD'S NAME] with an alternative curriculum package or relevant material for that subject which does not reference the above topics. The only exception to this opt-out will be curriculum regarding the biological processes of reproduction for humans and/or animals in a science class or unit.

Our family does not give consent for [NAME OF SCHOOL] to provide any instruction to [CHILD'S NAME] on any of the above topics. These topics will be treated at home, by [CHILD'S NAME] parents/guardians.

If you have any questions about these instructions, please do not hesitate to inquire.

[SIGNATURE]

[NAME, CONTACT INFO]