Hawaii State Parent and Student Opt-Out Notice

This form shall serve as written notice that my child shall be exempted from instruction, programs and activities as indicated by the checked boxes below.

☐ Please take notice that, absent my written consent, my child shall not be administered 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 behavior or attitudes, (4) illegal, anti-social, self-incrimination, or demeaning behavior, (5) critical appraisals of others with whom respondents have close family relationships, (6) legal recognized privileged or analogous relationships, such as lawyers, physicians, and ministers (7) religious practices, affiliations, or beliefs of my child or me, financial assistance under such program) (20 U.S.C. § 1232(h)).

☐ This shall serve as written notice that my child is to be exempted from requirements related to immunizations on the grounds that the immunization conflicts with that my bona fide religious tenets and practices.

☐ Please take notice that the physical condition of my child is such that immunizations would endanger the life or health. (See attached certification from my licensed physician, physician assistant, or advanced practice registered nurse).

Keep this signed, written notice on file in my child’s cumulative folder. This notice supersedes all prior Opt-Out notices.

Child’s Name ____________________________ Grade Level _____ Date____________

Parent/Guardian’s Name(s) ____________________________

Parent/Guardians(s) Address ______________________________________________________

Parent/Guardian’s Signature(s) ____________________________

Daytime/Evening Phone Number(s) ____________________________

School Name ____________________________ School District ____________________________

Received by (Print Name) ______________________________________________________

Received by (Signature) __________________________________ Date Received ______________
Instructions and Information on Using the Hawaii Parent and Student Opt-Out Notice

What to Do

THE OPT-OUT NOTICE MUST BE SUBMITTED EVERY YEAR

Note: These instructions are designed to assist you as a parent in completing the foregoing notice. These instructions should not be given to the school.

1) Make copies and share this Hawaii Parent and Student Opt-Out Notice with other parents.

2) Submitting this notice exempts your child from the boxes checked on the form.

3) This notice allows you to check each box that applies to your concerns. You can check all of the boxes, only one box, or a few boxes, depending on your particular beliefs.

4) Make two copies of the completed notice. Then, sign and date each copy in ink.

5) Send the Opt-Out Notice to the school Principal by Certified Mail, Signature Requested (Preferred method), email, fax or any other method whereby delivery can be confirmed. You do not need nor are you asking for “agreement” or “authorization.” You only need proof that you delivered the Opt-Out Notice to the school.

6) Keep one copy (with the proof of service) for your family and ask that the school keep a copy in your child’s school records (The cumulative file).

7) Educate your children to report to you attempts to compel them to participate in classes or activities for which you have requested them to be opted-out.

8) Resubmit a copy of this Opt-Out Notice for each child when you enroll them for the next school year.

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The Pacific Justice Institute at www.pji.org