Indiana Parent and Student Opt-Out Notice

Please take notice that my child is to be excused and exempted for the current school year (from the following school instruction, programs, and/or activities. This opt-out applies to all checked boxes below:

**Personal analysis, an evaluation, or a survey** – Pursuant to Indiana Code § 20-30-5-17, this serves as notice that my child shall not participate in a personal analysis, an evaluation, or a survey that is not directly related to academic instruction and that reveals or attempts to affect the student's attitudes, habits, traits, opinions, beliefs, or feelings concerning:

- [ ] political affiliations
- [ ] religious beliefs or practices
- [ ] mental or psychological conditions that may embarrass the student or the student's family
- [ ] sexual behavior or attitudes
- [ ] illegal, antisocial, self-incriminating, or demeaning behavior
- [ ] critical appraisals of other individuals with whom the student has a close family relationship;
- [ ] legally recognized privileged or confidential relationships, including a relationship with a lawyer, minister, or physician
- [ ] income (except as required by law to determine eligibility for participation in a program or for receiving financial assistance under a program)

**Hygiene and Hygiene Course** – Pursuant to Indiana Code § 20-30-5-9, this serves as notice that my child is to be exempted from participation in Hygiene and Hygiene Courses, including medical instruction or instruction in hygiene or sanitary science, explaining how dangerous communicable diseases are spread and the sanitary methods for disease prevention and restriction.

**Core 40 curriculum** – Pursuant to Indiana Code § 20-32-4-7, this serves as request that my child is to be exempted from the Core 40 curriculum requirement set forth in section 1 of chapter 4, Article 32, Title 20 of the Indiana Code, and be required to complete the general curriculum to be eligible to graduate.

**Private Information** – Pursuant to 20 U.S.C. § 1232h, absent my written consent, none of the following may be undertaken regarding my child. The administration of 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-incriminating, or demeaning behavior, (5) critical appraisals of other individuals with whom respondents have close family relationships, (6) legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers, (7) religious practices, affiliations, or beliefs of my child or me, or (8) income (other than required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

**Inspection, testing, examination, or treatment** – Pursuant to Indiana Code § 20-34-3-2, § 20-34-3-4, and § 20-34-3-5, please take notice that I object to inspection, testing, examination, or treatment, including for any disease, disability, decayed teeth, or other defects, of my child on religious grounds, or on the grounds that a certificate of examination from an Indiana physician has been furnished to the school. This objection applies to

- [ ] all inspection, testing, examination, or treatment, or
- [ ] only sickle cell anemia testing
- [ ] only lead poisoning testing
- [ ] only annual vision testing
- [ ] only audiometer testing
Immunization – Pursuant to Indiana Code § 20-34-3-2, please take notice that I object to immunization on religious grounds or that it may be detrimental to my child’s health.

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/Guardian’s Signature(s) __________________________

Parent/Guardian’s Address ______________________________________________________________

Daytime/Evening Phone Number(s) ______________________

School Name _________________________________ School District __________________________

Received By (Print Name) ___________________________________________________________

Received By (Signature) __________________________ Date Received _________________
Instructions and Information on Using the Indiana 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 Indiana Parent and Student Opt-Out Notice with other parents.

2) 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.

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

4) Send the Opt-Out Notice to the school Principal by Certified Mail, 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.

5) Keep one copy (with the proof of receipt) for your family and ask that the school keep a copy in your child’s school records (the cumulative file). Keep a signed copy for yourself.

6) 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.

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