

**ARIZONA STATE PARENT OPT-OUT NOTICE**

Please take notice that pursuant to Arizona Revised Statute §§15-102.3, 15-102.4, 15-102.5, 15-102.7a, 15-102.7c, 15-102.7d, 15-102.7g, the State Board of Education Administrative Code and 20 U.S.C. §1332(h) 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:

- Sex Education** – Pursuant to ARS §15-102 and R7-2-303(A)(1)(a)(i), this shall serve as a written notice that my child is to be exempted from the sex education curriculum provided by the school district.
- AIDS Instruction** – Pursuant to ARS §§15-102 and 15-716 this shall serve as written notice that my child is to be exempted from instruction on acquired immune deficiency syndrome.
- Immunization** – Pursuant to ARS §§15-102 and 15-873 this shall serve as a written notice of my child’s exemption from the immunization(s) as follows:

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- Miscellaneous** – Because I believe the learning material to be harmful to my child, pursuant to ARS §15-102 I request that my child be withdrawn from the activity(ies), class(es) or program(s) as follows:

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- Mental Health Screening** – Pursuant to 20 U.S.C. § 1232(h) and ARS §15-104 (A), 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 that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program.)

Keep this signed notice on file in my child’s cumulative folder.

Child’s Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian’s Name(s) \_\_\_\_\_

Parent/Guardian(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 Arizona State Parent 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) Check each box that applies to your concerns.
- 2) Make two copies of the completed notice. Then, sign and date each copy in ink.
- 3) Send the Opt-Out Notice to the school Principal by Certified Mail, Signature Requested (Preferred method). Alternatively, it could be sent by fax or any other method whereby delivery can be confirmed. The Principal's signature serves as proof of service. You do not need, nor are you asking for, the District's agreement or authorization. You only need proof that you delivered the Opt-Out Notice to the school.
- 4) 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).
- 5) Educate your children to report to you attempts to compel them to participate in instruction or activities from which you have requested them to be opted-out.
- 6) Resubmit a copy of this Opt-Out Notice for each child when you enroll them for the next school year.

Feel free to make copies and share this Arizona State Parent Opt-Out Notice with other parents.