

## Connecticut Parent and Student Opt-Out Notice

Please take notice that pursuant to Connecticut Code, Title 10, Chapter 164, my child is to be excused and exempted for the current school year (see request date below) from the following school instruction, programs, and/or activities. This opt-out applies to all checked boxes below:

**Family Life Education Program** – Pursuant to Connecticut Code, Title 10, Chapter 164, § 10-16e, this serves as notice that my child is to be exempted from participation in family life education program in its entirety [or from any portion]. Conn. Gen. Stat. § 10-16e.

**HIV/AIDS Education** – Pursuant to Connecticut Code, Title 10, Chapter 164, § 10-16e, this serves as notice that my child is to be exempted from participation in HIV/AIDS prevention education.

**Health Assessments** – Pursuant to Connecticut Code, Title 10, Chapter 169, § 10-206, this serves as notice that no health assessment of my child shall be made without prior written notice and without my presence. Conn. Gen. Stat. § 10-206.

**Physical or Medical Examination or Treatment** – Pursuant to Connecticut Code, Title 10, Chapter 169, § 10-208, this serves as notice that my child is to be exempted from physical or medical examination and treatment. Conn. Gen. Stat. § 10-208.

**Medical Instruction** – Pursuant to Connecticut Code, Title 10, Chapter 169, § 10-208, this serves as notice that my child is to be exempted from medical instruction. Conn. Gen. Stat. § 10-208.

**Vision, Audiometric and Postural Screenings** – Pursuant to Connecticut Code, Title 10, Chapter 169, §§ 10-208 and 10-214, this serves as notice that my child is to be exempted from vision, audiometric and postural screenings. Conn. Gen. Stat. §§ 10-208, 10-214.

**Course in a World Language** – Pursuant to Connecticut Code, Title 10, Chapter 164, § 10-16b(b), this serves as notice that my child is to be exempted from participation in a course in a world language. Conn. Gen. Stat. § 10-16b(b). (Note: Applicable to a child who is identified as deaf or hearing impaired).

**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).

**Immunizations** – Pursuant to Connecticut Code, Title 10, Chapter 169, § 10-204a, please take notice that my child is exempt from immunizations on the grounds:

[ ] of being medically contraindicated (Note: present a certificate from a physician, physician assistant or advanced practice registered nurse stating that in the opinion of such physician, physician assistant or advanced practice registered nurse such immunization is medically contraindicated because of the physical condition of a child)

[ ] such immunizations are contrary to the religious beliefs (present a statement from the parents or guardian of a child that immunizations would be contrary to the religious beliefs of a child or the parents or guardian of a child)

[ ] in the case of measles, mumps or rubella, the child has had a confirmed case of such disease (Note: present a certificate from a physician, physician assistant or advanced practice registered nurse or from

the director of health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease)

[ ] in the case of hemophilus influenzae type B, a child has passed his fifth birthday

[ ] in the case of pertussis, a child has passed his sixth birthday

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 \_\_\_\_\_

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## **Instructions and Information on Using the Connecticut Parent and Student Opt-Out Notice**

### **What to Do**

#### **THE OPT-OUT NOTICE**

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 Connecticut 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, e-mail, 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.