

Louisiana 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: Pursuant to La. R.S. 17 § 281(D) and R.S. 17 § 281(E),

Sex Education – Pursuant to La. R.S. § 17:281, this serves as notice that my child is to be exempted from participation in sex education.

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).

Screening for learning disorders, social or environmental risk factors, or other impediments – Pursuant to La. R.S. § 17:392.1, this shall serve as a written notice that I object to the following screenings:

- Social or environmental risk factors
- Dyslexia and related disorders
- Attention deficit disorder
- All other screening for learning disorders

Immunization – Pursuant to La. R.S. § 17:170(E), this shall serve as a written notice that I decline to give my child immunizations. (**Note:** Submit either a written statement from a physician stating that the procedure is contraindicated for medical reasons or a written dissent from the student or his parent.)

Immunization against meningococcal disease - Pursuant to La. R.S. § 17:170.4, I object to immunization against meningococcal disease:

- For religious or other personal reasons, or
- It is contraindicated for medical reasons. (**Note:** Provide a written statement from a physician stating that the immunization is contraindicated for medical reasons.)

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 Louisiana 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 Louisiana 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.