

## Rhode Island Parent and Student Opt-Out Notice

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

**Family Life and Sex Education Courses** – Pursuant to 16 R.I. Gen. Laws § 16-22-18, this serves as notice that my child is to be exempted from participation in family life and sex education courses.

**AIDS education program** – Pursuant to 16 R.I. Gen. Laws § 16-22-17, this serves as notice that my child is to be exempted from participation in AIDS education program.

**Pledge of Allegiance** – Pursuant to 16 R.I. Gen. Laws § 16-22-11, this serves as notice that my child is to be exempted from participation in pledge of allegiance.

**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).

**Yearly scoliosis screening** – Pursuant to 16 R.I. Gen. Laws § 16-21-10, this serves as notice that my child is to be exempted from yearly scoliosis screening on the ground that the screening conflicts with religious belief of a parent or guardian.

**Statewide hearing screening programs**– Pursuant to 16 R.I. Gen. Laws § 16-21-14, this serves as notice that my child is to be exempted from the following screening programs:

- Hearing screening
- Speech screening
- Vision screening

**Immunization** – Pursuant to 16 R.I. Gen. Laws § 16-38-2, please take notice that my child is to be exempted from immunization on the following grounds:

The child is not a fit subject for immunization for medical reasons. (**Note:** Provide a certificate from a licensed physician stating that the child is not a fit subject for immunization for medical reasons.)

Immunization and/or testing for communicable diseases is contrary to child's, parent's or guardian's religious beliefs. Note: Provide a certificate signed by the child, if over eighteen (18) years of age, or by the parent or guardian stating that immunization and/or testing for communicable diseases is contrary child's, parent's, or guardian's religious beliefs

### **Certificate**

Pursuant to 16 R.I. Gen. Laws § 16-38-2, my child \_\_\_\_\_ is to be exempted from immunization on the grounds that immunization and/or testing for communicable diseases is contrary to the child's, parent's, or guardian's religious beliefs.

Child/Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

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 Rhode Island  
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 Rhode Island 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.