

Vermont 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:

Comprehensive health education, the teaching of disease, its symptoms, development, and treatment – Pursuant to 16 Vt. Stat. § 134, this serves as notice that, on the grounds that it conflicts with the parents' religious convictions, my child is to be exempted from participation in comprehensive health education, the teaching of disease, its symptoms, development, and treatment.

Animal dissection – Pursuant to 16 Vt. Stat. § 912, this serves as notice that my child is to be exempted from participation in any lesson, exercise, or assessment requiring the student to dissect, vivisect, or otherwise harm or destroy an animal or any part of an animal, or to observe any of these activities.

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).

Immunization – Pursuant to 18 Vt. Stat. § 1122, this serves as notice that my child is to be exempted from immunization on the following grounds:

[] The child is in the process of being immunized. (**Note:** Present a form created by the Department and signed by a licensed health care practitioner authorized to prescribe vaccines or a health clinic stating that the child is in the process of being immunized. The child may continue to attend school for up to six months while the immunization process is being accomplished.)

[] Immunization is or may be detrimental to the person's health. (**Note:** Present a certificate from a licensed health care practitioner who is authorized to prescribe vaccines specifying the required immunization in question and the probable duration of the condition or circumstance that is or may be detrimental to the child's health. Any exemption certified under this subdivision shall terminate when the condition or circumstance cited no longer applies.)

[] The person or parent or guardian holds religious beliefs opposed to immunization. (**Note:** Annually provide a signed statement to the school or child care facility on a form created by the Department that the child, parent, or guardian: (A) holds religious beliefs opposed to immunization; and (B) has reviewed evidence-based educational material provided by the Department regarding immunizations, including:

- (i) information about the risks of adverse reactions to immunization;
- (ii) information that failure to complete the required vaccination schedule increases risk to the person and others of contracting or carrying a vaccine-preventable infectious disease; and
- (iii) information that there are persons with special health needs attending schools and child care facilities who are unable to be vaccinated or who are at heightened risk of contracting a vaccine-preventable communicable disease and for whom such a disease could be life-threatening.

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 Vermont 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 Vermont 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 confirming delivery. 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.