

**Illinois State Parent and Student Opt-Out Notice**

Please take notice that pursuant to Illinois Compiled Statutes Chapter 105 §§ 112/15, 5/10-22.25b, 5/14-8.02, 5/22-75, 5/27-8.1, 5/27-23.7, 5/34-2.3, and 20 U.S.C. § 1232(h) my child is to be excused and exempted, for the current school year from the activities, programs, and instruction as indicated below.

- This document shall serve as a written objection to my child's participation in health examinations, dental examinations, eye examinations, immunizations, and the whole thereof, for the following religious reason/s:  
\_\_\_\_\_ (105 ILCS § 5/27-8.1);
- This document shall serve as a written notice exempting my child from all health examinations and immunizations on the following religious or medical ground/s:  
\_\_\_\_\_ (105 ILCS § 5/27-8.1);
- This document shall serve as a written notice opting my child out of all dental examinations for the following religious reason/s:  
\_\_\_\_\_ (105 ILCS § 5/27-8.1);
- This document shall serve as written notice that my child is to be exempt from all eye examinations on the following ground/s:  
\_\_\_\_\_ (105 ILCS § 5/27-8.1);
- On the grounds that such examinations or medical treatment conflicts with my religious beliefs, please take notice that I excuse my child from the following examination/s or medical treatment/s:  
\_\_\_\_\_ (105 ILCS § 5/14-8.02);
- Please take notice that I am conscientiously opting my child out of participation in school interpersonal, adolescent violence prevention course, or other primary prevention courses designed to raise awareness of topics such a dating and domestic violence, bullying and harassment, sexual assault, digital abuse, and suicide, as designed, developed, and implemented by the Eradicate Domestic Violence Task Force (105 ILCS § 5/22-75);
- This document will serve as on objection to my child's compliance with the applicable school uniform or dress code policy for the following reason/s:  
\_\_\_\_\_ (105 ILCS §§ 5/1 0-22.25b, 5/34-2.3);
- Please take notice that I am seeking an alternative to and excusing my child from performance of, participation in, and observation of dissection (105 ILCS § 112/15);
- Please take notice that my child shall not be administered any survey, analysis, or evaluation that reveals: <sup>(1)</sup> political affiliations or beliefs of my child or me, <sup>(2)</sup> mental or psychological problems of my child or his or her family, <sup>(3)</sup> sexual behavior or attitudes, <sup>(4)</sup> illegal, anti-social, self-incriminating, or demeaning behavior, <sup>(5)</sup> critical appraisals of other others with whom respondents have close family relationships, <sup>(6)</sup> legally recognized privileged or analogous relationships, such as lawyers, physicians, and ministers, <sup>(7)</sup> religious, practices, affiliations, or beliefs of my child or me, or <sup>(8)</sup> income (other than that required by law to determine eligibility or participation in a program or for receiving financial assistance under such program) (20 U.S.C. § 1232(h)).

Keep this signed notice on file in my child's cumulative folder. This notice supersedes all prior Opt-Out notices.

Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School Year: \_\_\_\_\_

Parent/Guardians(s) Address: \_\_\_\_\_

Daytime/Evening Phone Number(s): \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Parent/Guardian's Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

School Name: \_\_\_\_\_ School District: \_\_\_\_\_

# Instructions and Information on Using the Illinois State 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 Illinois State Parent and Student Opt-Out Notice with other parents.
- 2) Check each box that applies to your concerns.
- 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, 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.

- 5) 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).
- 6) Educate your children to report to you attempts to compel them to participate in instruction or activities from which your child has been excused.
- 7) Resubmit a copy of this Opt-Out Notice for each child when you enroll them for the next school year. Follow steps 1 through 6 as on the previous year.