## **Missouri 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 activities, programs, and instruction as indicated below.

	Please take notice that I am exercising my right under 170 RSMO § 015 to remove my child from portions of the District's human sexuality instruction as follows:
	Please take notice that my child shall not be administered 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-incrimination, or demeaning behavior, (5) critical appraisals of others with whom respondents have close family relationships, (6) legal recognized privileged or analogous relationships, such as lawyers, physicians, and ministers (7) religious practices, affiliations, or beliefs of my child or me, financial assistance under such program) (20 U.S.C. § 1232(h)).
	Please take notice that I am conscientiously opting my child out of participation in adolescent violence prevention course because of religious reasons. (589 RSMO § 020);
	This document shall serve as a written objection to immunizations of my child because of medical contraindications as per the attached statement from my physician. (167 RSMO §181) (Attach statement from physician).
	This document shall serve as a written objection to immunizations of my child because of religious reasons. (167 RSMO §181). The immunizations objected to are as follows:
	This document shall serve as written notice that my child is to be exempt from eye examinations. (167 RSMO §195)
Keep	this signed notice on file in my child's cumulative folder.
Child	's Name:Grade Level:
Schoo	ol Year:
	t/Guardian(s) Address:
	me/Evening Phone Number(s):
Paren	t/Guardian(s) Names:
Paren Date:	t/Guardian(s) Signature(s):
	ol Name:
	of District: