North Dakota 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: Recitation of prayer--Period of silence--Pledge of Allegiance – This serves as notice that pursuant to N.D. Cent. Code § 15.1-19-03.1, my child is to be exempted from the following: [] The Pledge of Allegiance [] Stand during the recitation of the Pledge of Allegiance [] Salute the American flag □ **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 N.D. Cent. Code § 23-07-17.1, please take notice that my child is exempt from immunization on the following grounds: Physical condition of the child is such that immunization would endanger the life or health of the child. (Note: Provide a certificate from a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child.) Religious, philosophical, or moral beliefs are opposed to such immunization. (**Note:** Provide a certificate signed by the child's parent or guardian whose religious, philosophical, or moral beliefs are opposed to such immunization.) Certificate My child is exempt from immunization on the grounds that religious, philosophical, or moral beliefs are opposed to such immunization. Parent/Guardian's Signature(s)

Date: 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 North Dakota 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 North Dakota 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.

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