

South Dakota 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:

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).

Immunizations – Pursuant to S.D. Codified Laws § 13-28-7.1, please take notice that my child is to be exempted from immunizations on the following grounds:

[] The physical condition of the child would be such that immunization would endanger the child's life or health. (**Note:** Provide certification from a licensed physician stating the physical condition of the child would be such that immunization would endanger the child's life or health); or

[] The child is an adherent to a religious doctrine whose teachings are opposed to such immunization (**Note:** Sign the written statement below to indicate that the child is an adherent to a religious doctrine whose teachings are opposed to such immunization.)

Statement

Pursuant to S.D. Codified Laws § 13-28-7.1, please take notice that my child _____ is to be exempted from immunizations on the grounds that the child is an adherent to a religious doctrine whose teachings 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 South Dakota Parent and Student Opt-Out Notice

What to Do

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 South 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.