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

**This form shall serve as written notice that my child shall be exempted from instruction, programs and activities as indicated by the checked boxes below:**

\_\_\_ Please take notice that, absent my written consent, 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)).

\_\_\_ This shall serve as written notice that my child is to be excused from all requirements and attendance related to Sexual Health Instruction, as authorized under the United States Constitution (*See* *Mahmoud v. Taylor*, 222 L. Ed. 2d 695 (2025)), the Hawaii State Department of Education’s National Health Education Standards in Hawaii, and Hawaii State Board of Education Policy 103-5 (Sexual Health Education), on the grounds that the Sexual Health Instruction conflicts with my bona fide religious tenets and practices.

\_\_\_ This shall serve as written notice that my child is to be exempted from requirements related to immunizations on the grounds that the immunization conflicts with that my bona fide religious tenets and practices.

\_\_\_ Please take notice that the physical condition of my child is such that immunizations would endanger the life or health. (See attached certification from my licensed physician, physician assistant, or advanced practice registered nurse).

**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/Guardians(s) Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by (Print Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_