# Florida K-12 Parent Opt-Out Notice

To Whom It May Concern: Please take notice that pursuant to Florida Statutes (“Fla. Stat.”) §§1003.22(1), 1003.42(5), 1003.44(1), and 1003.47(1)(a); Fla. Admin. Code R. 64D-3.046(6); 20 United States Code (“U.S.C.”) §1232(h); 34 Code of Federal Regulations (“CFR”) 98.4; and the U.S. Supreme Court’s decision in *Mahmoud v. Taylor*, No. 24-297, 2025 U.S. LEXIS 2500, 606 U.S. \_\_\_ (June 27, 2025), my child shall be exempted for the current school year from the following school instruction and/or activities as indicated by the boxes checked below:

* **Material that Relates to Sexual or Religious Beliefs** – Pursuant to the U.S. Supreme Court’s decision in *Mahmoud v. Taylor*, No. 24-297, 2025 U.S. LEXIS 2500, 606 U.S. \_\_\_ (June 27, 2025), this serves as written notice that – based on my religious beliefs – my child shall be exempted from exposure to the following: (1) any instruction, instructional activity, lesson, presentation, display, event, school assembly, program, or other audio, visual, or written material that promotes, discusses, or recognizes sexual lifestyles other than that found in the marriage between one man and one woman; and (2) any instruction, instructional activity, lesson, presentation, display, event, school assembly, program, or other audio, visual, or written material that promotes, discusses, or recognizes any gender identity other than that which is synonymous with the biology of one’s sex at birth. This exemption applies to any of the aforementioned material, whether that material is in the curriculum or outside of the curriculum and whether that material is in the classroom or outside of the classroom. Furthermore, please notify me at least two (2) weeks in advance if any of the aforementioned material will take place in, be presented in, or be used in any of my child’s classes or in my child’s school. While I understand that some parents may not object to this type of material being present in or taught at school, I feel strongly that these matters are best discussed at home.
* **Reproductive Health & Disease Education** – To the school principal: Pursuant to Fla. Stat. §1003.42(3), this serves as a written notice that my child is to be exempted from the teaching of reproductive health or any disease, including HIV/AIDS, its symptoms, development, and treatment.
* **Contraceptive Services** – This serves as written notice that my child is not to be given birth control, condoms, or abortion advice, and shall not be permitted to be in discussions surrounding such topics pursuant to Fla. Stat. § 1002.20(e).
* **Health Examinations** – To the health personnel providing health services at my child’s school: Pursuant to Fla. Stat. § 1003.22(1), this serves as written notice that my child shall be exempted from the requirement of a health examination (described in Fla. Stat. §1003.22(1)) due to my religious beliefs.
* **Immunization** – To the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Health Department medical director or designee: Pursuant to Fla. Stat. §1003.22(5)(a) and Fla. Admin. Code R. 64D-3.046, my child is to be exempted from the immunization(s) as indicated below based upon the following: (*check those items which apply*)
	+ The administration of immunizing agents conflicts with my religious tenets or practices. I have completed and attached Florida Department of Health (“Department”) Form 681 (signed by my local DOH administrator), as required by Fla. Admin. Code R. 64D-3.046(1)(a)(2).
	+ My child’s physician – licensed under Fla. Stat. chapters 458 or 459 – certifies in writing that my child should be permanently exempt from the required immunization(s) for medical reasons as described in Part C of Department Form 680 (attached) and as required by Fla. Admin. Code R. 64D-3.046(2)(b). My child’s physician supports his or her conclusion(s) with valid clinical reasoning or evidence.
	+ My child’s physician – licensed under Fla. Stat. chapters 458, 459, or 460 – certifies in writing that my child has received as many immunizations as are medically indicated at the time and is in the process of completing necessary immunizations as described in Part B of Department Form 680 (attached) and as required by Fla. Admin. Code R. 64D-3.046(2)(b). My child’s physician supports his or her conclusion(s) with valid clinical reasoning or evidence.
	+ The Department has determined that, according to recognized standards of medical practice, any required immunization is unnecessary or hazardous.
	+ My child is a student who has transferred into a new county AND an authorized school official has issued a temporary exemption for up to 30 school days to permit my child to attend class until his or her records can be obtained. According to Department Form “Immunization Guidelines: Florida Schools, Childcare Facilities, and Family Daycare Homes,” “[a]uthorized school officials are determined by the local school board and may include the principal, school nurse, or other designated entity.”
	+ My child is a student who is 1) homeless under Fla. Stat. §§ 1003.01 and 1003.22(1) and 2) known to the Department of Children and Families under Fla. Stat. § 39.0016(1)(a). As such, my child is entitled to a temporary exemption for 30 school days from an authorized school official.
	+ My child is a student who has entered a juvenile justice program AND has been given an exemption by an authorized school official for 30 days to permit my child to attend class until his or her records can be obtained or until the immunizations can be obtained.

*The immunization(s) for which my child is exempted are as follows:*

* All immunizations
* List of applicable immunizations
* **Florida SHOTS** – To the Florida Department of Health: Pursuant to Fla. Admin. Code R. 64D-3.046(6), this serves as written notice that my child and I decline participation in the Florida immunization registry, Florida SHOTS. I submit a Florida SHOTS Notification and Opt-out Form to the Department, either in English (DH Form 1478), Spanish (DH Form 1478S), or Haitian-Creole (DH Form 1478H). These forms are available from the Department of Health, Bureau of Immunization, 4052 Bald Cypress Way, Bin #A-11, Tallahassee, FL 32399-1719. As provided by the administrative code provision cited here, “[t]he immunization records of children whose parents choose to opt-out will not be shared with other entities that are allowed by law to have access to the children’s immunization record via authorized access to Florida SHOTS.”
* **Dissection (check those items which apply)**
	+ Pursuant to Fla. Stat. § 1003.47(1)(a), this serves as notice that my child is to be excused from participation in surgery or dissection activities on nonliving mammals or birds.
	+ Pursuant to Fla. Stat. § 1003.47(1)(c), this serves as notice that my child is to be excused from performing biological experiments on nonmammalian vertebrates.
	+ Pursuant to Fla. Stat. § 1003.47(1)(c), this serves as notice that my child is to be excused from engaging in anatomical studies of any animal (if an anatomical model is used).
	+ Pursuant to Fla. Stat. § 1003.47(1)(c), this serves as notice that my child is to be excused from engaging in anatomical studies of nonliving nonmammalian vertebrates (if no anatomical model is used).
* **Pledge of Allegiance** – Pursuant to Fla. Stat. §1003.44(1), this serves as notice that my child is to be excused from reciting the pledge of allegiance. An excused student need not even stand at attention or put his hand over his or her heart when the pledge of allegiance is read. Fla. Stat. § 1003.44(1); *Frazier v. Winn,* 535 F.3d 1279 (11th Cir. 2008).
* **Private Information –** Pursuant to the Protection of Pupil Rights Amendment (“PPRA”) (20 U.S.C. §1232h) and to 34 CFR § 98.1 et seq., absent my written consent, my minor child shall not be required to submit to a U.S.-Department-of-Education-funded-or-administered survey, analysis, or evaluation that reveals information concerning the following things (unless an exception in 20 U.S.C. § 1232h(c)(4) applies):
1. my or my child’s political affiliations or beliefs;
2. mental or psychological problems of my minor 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. my or my child’s religious practices, affiliations, or beliefs;
8. income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program);

Furthermore, pursuant to the PPRA, my minor child shall not be required to participate in the following U.S.-Department-of-Education-funded-or-administered *activities* without prior notification from the local educational agency (unless an exception in 20 U.S.C. § 1232h(c)(4) applies):

1. Activities involving the collection, disclosure, or use of personal information for the purpose of marketing or for selling that information (or otherwise providing that information to others for that purpose).
2. Any nonemergency, invasive physical examination or screening that is:
	1. required as a condition of attendance;
	2. administered by the school and scheduled by the school in advance; and
	3. not necessary to protect the immediate health and safety of the student, or of other students.

The term “invasive physical examination” means any medical examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision, or scoliosis screening.

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) Address

Parent/Guardian’s Signature(s)

Daytime/Evening Phone Number(s)

School Name School District

Received by (Print Name)

Received by (Signature) Date Received

# Instructions and Information on Using the Florida Parent Opt-Out Notice

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.

Parents, please note that pursuant to Fla. Stat. § 1014.05, your child’s school should be providing you a list of parental rights. This list must include the list of procedures for inspecting and expressing concern over certain instruction and materials in the classroom. The Parents’ Bill of Rights (contained in Fla. Stat. § 1014.01 to § 1014.06) outlines many of your rights as parents with reference to children in public schools in Fla. Stat. § 1002.20. Florida law bans mandated instruction on sexual orientation and gender identity in Fla. Stat. § 1001.42(c)(3) for children in grades K-8 unless it ties into other required topics. The school may still keep library books or other materials which do not amount to instruction on these topics so, as always, remain vigilant with kids in public schools at all levels. Also, Florida has a great student voucher system which can be used for private school called “Step Up for Students.” To apply, you must create an account in the EMA system.

**What to Do**

**THE OPT-OUT NOTICE MUST BE SUBMITTED EVERY YEAR**

1. Check each box that applies to your concerns.
2. Make two copies of the completed notice. Then, sign and date each copy in ink.
3. 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.
4. 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).
5. Educate your children to report to you attempts to compel them to participate in instruction or activities from which you have requested them to be opted out.
6. Resubmit a copy of this Opt-Out Notice for each child when you enroll them for the next school year.

Feel free to make copies and share this Florida Parent Opt-Out Notice with other parents.

The Pacific Justice Institute

www.pacificjustice.org