**Idaho Parent and Student Opt-Out Notice**

Please take notice that pursuant to Idaho Statute, Title 33, Chapter 16, § 22-1611 and the Idaho Constitution Article IX § 32-1010, § 32-1011, § 32-1012, and § 32-1013, my child is to be excused and exempted for the current school year (see request date below) from the following school instruction, programs, and/or activities. This opt-out applies to all checked boxes below:

☐ **Sex Education** – Pursuant to Idaho Statute, Title 33, Chapter 16, § 22-1611 and the Idaho Constitution Article IX § 32-1010, § 32-1011, § 32-1012, and § 32-1013, this serves as notice that my child is to be exempted from participation in sex education.

   **Learning Material Which Questions Moral or Religious Beliefs:**Pursuant to *Mahmoud v. Taylor, No. 24-297, 2025 U.S. LEXIS 2500 (June 27, 2025),*this shall serve as written notice that my child shall not be exposed to any curriculum, presentations, displays in the classroom or other audio or visual materials in the curriculum or presented outside the curriculum which question my beliefs or practices in morality or religion. My child shall be withdrawn from any learning or activity that positively promotes lifestyles that conflict with our religious beliefs.

☐ **HIV/AIDS Education** – Pursuant to Idaho Statute, Title 33, Chapter 16, § 22-1611 and the Idaho Constitution Article IX § 32-1010, § 32-1011, § 32-1012, and § 32-1013, this serves as notice that my child is to be exempted from participation in HIV/AIDS prevention education.

☐ **Private Information** – Pursuant to 20 U.S.C. § 1232(h), 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 Idaho Code § 39-4802 and § 39-4804, this shall serve as a written notice that I decline to give my child immunizations for medical or religious reasons.

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 Idaho**

**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 Idaho 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.

Pacific Justice Institute at www.pji.org