**Pennsylvania Parent Opt-Out Notice and Request for Transparency**

**Personal and Confidential**

Kindly accept this document as notice that we are exercising our parental rights regarding our child(ren)’s public school education for the \_\_\_\_\_\_ school year as follows.

**1.** Please excuse our child(ren) from any part of the instruction, presentation, displays, lessons, events, school assemblies, instructional activities, and programs in health education, family life education, sex education, that we find morally, conscientiously, or religiously offensive. This shall include any instruction regarding any issues of sexuality, lifestyles other than found between the marriage of one man and one woman, and gender identities which are not synonymous with the biology of the sex at birth.

Please provide our child(ren) with an alternative assignment or program of independent study on a substitute topic within the health education, family life education, or sex education program.  We shall be notified of the alternate assignment.

Please do not penalize our child(ren) by loss of credit as a result of his/her excusal, but please only hold our child(ren) accountable for successful completion of any alternate program assigned.

See 22 Pa. Code § 4.4(d)(3).

**2.** Our child(ren) will use the restroom and locker room corresponding to their assigned gender at birth. If a transgender student starts to use the same restroom or locker room, please provide our child(ren) with alternative facilities and notify us when this requested accommodation is provided.

See Pennsylvania Human Relations Act, 43 P.S. Sec. 951 et seq.; Title IX, 20 U.S.C. 1681(a).

**3.** Please excuse our child(ren) from any surveys that ask about our child(ren)’s sexual orientation, gender identity, mental health, religious or political beliefs, sexual behaviors, or drug use. Please notify us in advance of any such surveys.

See PPRA, 20 U.S.C. 1232(h).

**4.** Pursuant to Mahmoud v. Taylor, \_\_\_ U.S. \_\_\_\_ (June 27, 2025), please excuse our child(ren) from exposure to any school curriculum, presentations, displays, lessons, events, school assemblies, instructional activities and programs inside or outside the classroom or other audio or visual materials in the curriculum or presented outside the curriculum which cover human sexual education or human sexuality in any way that interferes with the religious development, upbringing and training of my/our child and that affirmatively promotes or recognizes sexual lifestyles other than found between the marriage of one man and one woman or gender identities which are not synonymous with the biology of the sex at birth.

Please also notify us in advance about any school curriculum, presentations, displays, lessons, events, school assemblies, instructional activities inside or outside the classroom, or other audio-visual materials in the curriculum or presented outside of it that cover human sexuality in any way including those that affirmatively promote or recognize sexual lifestyles other than between the marriage of one man and one woman or gender identities that are not aligned with the biology of the sex at birth.

While we understand that some parents may not object to this type of content being taught at school, we feel strongly that these matters are best discussed at home.

Please 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 \_\_\_\_\_\_

Parent/Guardian’s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Received By Principal (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received By (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_