**Parental Rights Opt Out**

Please take notice that pursuant to Texas Education Code §§ 26.010, 20 U.S.C.§1232(h), and the U.S. Supreme Court’s 2025 decision in *Mahmoud vs. Taylor*, my child is to be excused and exempted from the following instruction and/or activities as indicated below for the \_\_\_\_\_\_\_\_\_ school year because such instruction and/or activities conflict with my personal religious and moral beliefs and my rights to direct the religious and moral upbringing of my child.

☐Exempton from Instructon/Engagement–Pursuant to Secton 26.010(a) and the Supreme Court’s 2025 decision in *Mahmoud v. Taylor*, this shall serve as writen notce that, due to personal religious and moral beliefs, my child is to be temporarily removed from a class or other school actvity as follows:

☐Clubs, programs, or instruction dealing with sexuality, morality, gender, sexual orientation

☐Videos/discussion regarding any violence including school shootings

☐\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Immunization–Pursuant to Texas Educaton Code 38.001(c)(1)(B), this shall serve as writen notice that I decline to give my child immunizatons for reasons of conscience, including religious belief, and that my child shall not participate in instruction regarding immunizations.

☐Ideological Survey and Indoctrinaton–This serves as writen notice that without prior writen consent, my child shall not be subjected to planned, systematic use of methods or techniques that are designed to inquire about or aﬀect my child’s behavioral, emotional, or attudinal characteristics. This includes but is not limited to “social emotional learning,” “anti-racist” pedagogy, and “critical theory” related methods, techniques, and/or curriculum.

☐Psychological Testing and Treatment–This serves as written notice that my child shall not be subject to or referred for psychiatric, or psychological examination, testing, or treatment as deﬁned in 34 CFR § 98.4(c) without my prior writen consent. Any action by the school shall comply with Texas Educaton Code § 38.016.

☐Medical Testing and Treatment–This serves as writen notice that my child shall not receive non-emergency medical care, other than ﬁrst aid, without my prior writen consent.

☐Private Information–Pursuant to 20 U.S.C.§1232(h), absent my writen 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 behaviors 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,(8) ownership/knowledge of ﬁrearms or (9) income (other than that required by law to determine eligibility for partcipation in a program or for receiving ﬁnancial assistance under such program).

☐Assessment Instruments: My child will not be partcipating in STAAR assessments for the current school year.

Keep this signed, writen notice on ﬁle in my child’s cumulatve folder. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian’s Address and Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by (Printed Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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