-							
	TO:	WHOM IT MAY CONCERN	DATE: _			/ 2023	
	TO:	School District/Superintendant/Administration of _		cou	NTY		
,	TO:	Principal of the		SCHO	OOL ("Scl	hool")	
I	Dear A	ear Administrators,					
		Please accept this document as my formal, written OPT-OUT notification.					
1	not to emoti	fective immediately: Please be advised that my daughter/ son ("my Child") is to take part, at ANYTIME within the 2023-2024 school year, in any survey, study, mental testing, notional testing, Panorama survey or study, social survey, or any survey/study of like-kind, or any extra trequired school testing of any kind without my written consent.					
	throu any c quara	oreover, my Child is NOT to be subjected to ANY healthcare and/or medical administered and billed brough the above-named School District especially related to vaccines and/or Covid health services or my other healthcare; including but not limited to, clinics, experimental vaccines, masking, illegal parantining, medical care or medical instruction/education, clinical trial, or psychological or clinical trivices, or similar, without notifying me and obtaining my written consent.					
(	equity CURR permi	lease be further advised that absolutely no form of CRT, SEL (social emotional learning), DEI (diversity, quity, and inclusion) IS TO BE TAUGHT, INSTRUCTED, OR INSERTED IN CLASSES RELATED TO CORE URRICULUM OR ANY OTHER CLASS, OR EXPOSED TO MY CHILD AT SCHOOL. I DO NOT give my ermission for that instruction and this email is to be construed as my formal, written OPT-OUT of any ach instruction.					
t	or con educa to rec	consistent with current law on sex education, parents/guardians may opt their children out of any class course in comprehensive personal health and safety education and comprehensive sexual health fucation by submitting a request in writing to the school district. Please be advised that my Child is NOT receive ANY such instruction at School. Please accept this email as my formal written OPT-OUT of any ch instruction.					
g	prono gramn hroug	garding potential instruction of health and sex education and terms outside of health class and conouns relating to "sexually identity" – my Child may be exposed only to true, "medically accurate" and ammatically correct use of grammar, pronouns and sexual identity as assigned at birth, determined rough chromosome and sex organs, as legally defined/designated on a birth certificate; i.e., boy/girl, s/her or he/she.					
ir c: "s	nstructass tessexual	struction or mention of medically inaccurate pronought or suggested to my Child or applied to a stuction or within any class taught to my Child. Please uneaching/instruction of or labeling of any student with I identity." In our Home we do NOT accept gender or so gender fluid ideology may be suggested to my Chiler insinuation or influence in any course or class at an	ident in my nderstand the pretend pro sex terminole ld by way of	Child's at I DO Noncouns un	immedia OT give conder the second	te presence of consent for ANY guise of alleged bed by science	
B	eyono	d the aforementioned, in our Home our Faith acknowl	ledges only to	vo sexes.			
tr	ip tha	ild is not to be exposed to any Drag Queen or any Dr at might expose my Child to non-traditional lifestyles.	ag Show of	any kind,	nor take	en on any field	
pr ar	lease nd/or ronou	accept this email as my OPT-OUT of all health ins sexual education ALTOGETHER other than the instants and "medically accurate" pronouns as defined above	ruction and ve.	usage of	gramma	itically correct	
an en Ch	nd my	I am providing you with these written opt-out requestal rights. Please add to my Child's file and kindly inform request(s). Thank you in advance for your help, coopind for respecting my statutorily protected parental right I wish you a productive education year as well. That show	rm all of my eration and	Child's to understar	eachers on ading per	of this Opt Out	
υe	St WIS	SHES,					
					("Pare	ent(s)") ·	