

INSTRUCTIONS FOR USE OF OPT-OUT NOTICE

OPT OUT NOTICES MUST BE SUBMITTED YEARLY

These instructions are for the benefit of the parent and should not be given to the school.

- **SHARE!!** Make copies and share this with other parents.
- Make two copies of the completed notice. Then, sign and date each copy in ink.
- Send the Opt-Out Notice to the school Principal by Certified Mail (preferably), email, fax, or any other method in which delivery can be confirmed. (in other words... GET A RECEIPT)
- You are **not** asking for permission, agreement or authorization. You are notifying the school/administration/staff of your choice. **Proof** that you delivered the Opt-Out Notice to the school is strongly recommended.
- Keep one copy (with the proof of receipt) for your records and ask that the school keep a copy in your child's school records (the cumulative file).
- Educate your children. Tell them to tell you about attempts to suggest that they participate in classes or activities which you have opted-out of.
- Resubmit a copy of this Opt-Out Notice for each child when you enroll them for the next school year.



LOUISIANA OPT-OUT NOTICE

MY CHILD IS TO BE EXCUSED/EXEMPTED FOR THE CURRENT
SCHOOL YEAR _____ FROM THE FOLLOWING SCHOOL
(School Year)
INSTRUCTION, PROGRAMS AND/OR ACTIVITIES.

THIS FORM IS IN ACCORDANCE WITH LA RS 17 §281.

ALL SEX EDUCATION CLASSES, INSTRUCTION, PROGRAMS OR
ACTIVITIES.

Date _____

School Name _____

Parish/District _____

Student Name _____ Grade _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date Received _____

Received By (print) _____

Received By (Signature) _____



STATEMENT OF DISSENT

UNDER LOUISIANA RS 17§170(E) I _____ ,
PARENT/GUARDIAN OF _____ (STUDENT),

HEREBY PRESENT THIS STATEMENT OF DISSENT FROM
PROVIDING EVIDENCE OF IMMUNIZATION.

I UNDERSTAND THAT IN THE EVENT OF AN OUTBREAK OF A VACCINE-
PREVENTABLE DISEASE AT MY CHILD'S SCHOOL, THE SCHOOL
ADMINISTRATION, UPON RECOMMENDATION OF THE OFFICE OF PUBLIC
HEALTH, MAY EXCLUDE MY CHILD FROM ATTENDANCE UNTIL THE
INCUBATION PERIOD HAS EXPIRED, OR I PRESENT EVIDENT OF
IMMUNIZATION.

Date _____

School Name _____

Parish/District _____

Student Name _____ Grade _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date Received _____

Received By (print) _____

Received By (Signature) _____



LOUISIANA OPT-OUT NOTICE

MY CHILD IS TO BE EXCUSED/EXEMPTED FOR THE CURRENT SCHOOL YEAR
FROM THE FOLLOWING SCHOOL INSTRUCTION, PROGRAMS AND/OR ACTIVITIES.
THIS FORM IS IN ACCORDANCE WITH LA RS 17:281, 17:392, 17:406.9, AND USC §1232H

SCREENING FOR LEARNING DISORDER, SOCIAL/ENVIRONMENTAL RISK FACTORS, OR OTHER IMPEDIMENTS. (§ 17:392.1)

I OBJECT TO THE FOLLOWING SCREENINGS:

- SOCIAL/ENVIRONMENTAL RISK FACTORS
- DYSLEXIA AND/OR RELATED DISORDERS
- ATTENTION DEFICIT DISORDER
- ALL OTHER SCREENING FOR LEARNING DISORDERS

PRIVATE INFORMATION: WITHOUT EXPRESS WRITTEN CONSENT MY CHILD SHALL NOT PARTICIPATE IN ANY SURVEY, ANALYSIS, OR EVALUATION THAT REVEALS ANY OF THE FOLLOWING: (17:406.9, AND USC §1232H)

(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).

Date _____

School Name _____

Parish/District _____

Student Name _____ Grade _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date Received _____

Received By (print) _____

Received By (Signature) _____