

Oregon Student Opt-Out Notice

INSTRUCTIONS

Note: These instructions are designed to assist parents/guardians in completing the foregoing notice.

- 1) You are free to copy/share this Oregon Student Opt-Out Notice with other parents.
- 2) Submitting this notice provides the opportunity to exempt your child from sex education, STD and STI education, school authorized vaccinations/immunizations, and/or mental health screening during the school year specified.
- 3) You may check all of the boxes, only one box, or a few boxes, depending on your particular beliefs.
- 4) When completed, make two (2) copies, sign and date each copy in ink.
- 5) **Proof of Service** - Send the Opt-Out Notice to the school Principal by Certified Mail, Signature Requested (**preferred method**). Alternatively, it may be sent by any method whereby delivery can be confirmed. The Principal's signature serves as Proof of Service. 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.
- 6) As a **SECOND Proof of Service**, take a completed notice to the school office. Ask the school secretary or school principal to sign and date; and or to place the school "Received" stamp on each copy of the notice. The Opt-Out Notice is an assertion of your legal rights and not an agreement. The signature from the school is not required to "validate" your demand. The school signature is only to serve as proof that the school was put on notice of your legal rights and that the violation of your rights could be legally actionable.
- 7) Keep one copy (with the proof of service) for your family and ask that the school keep a copy in your child's school records (The cumulative file).
- 8) Educate your children to report to you if school officials attempt to compel them to participate in activities from which they have been opted out.

THE OPT-OUT NOTICE MUST BE RE-SUBMITTED EVERY YEAR

Oregon Student Opt-Out Notice

To: _____, Principal

_____ School

From: _____

Student Name _____ Grade: _____ Date: _____

I, the undersigned parent/guardian(s) have elected to invoke parental rights under Federal and State Statutes and Case Law. Please take notice of Oregon Compiled Laws/Rules: OAR §581-021-0046(5), OAR §581-022-1440(5), OAR §333-050-0100(19), ORS §433.267, ORS §336.035(2), ORS §336.211(3), ORS §336.216, ORS §336.465, ORS §337.300, and ORS §433.321(7).

PRIOR NOTIFICATION

According to ORS 336.035(2), parents and guardians have a legal right to be notified in advance of any instruction on human sexuality or HIV/AIDS. My child(ren) is/are not to receive any instruction about human sexuality/HIV without my receipt of prior notice and **sufficient time to review all of the material/plan of instruction, including all school-wide surveys, programs, and projects that address human sexuality or HIV/AIDS.**

My expectation of prior notification includes human sexuality or HIV/AIDS content presented in any and all core/elective classes, at assemblies/presentations, school events, on field trips, by guest speakers, surveys given/offered, during extra-curricular activities and in conversations with school system employees and agents in any setting, on or off campus, while my child(ren) is/are in the care of the school.

This opt-out applies to all checked boxes below:

Human Sexuality Education – All classes of instruction pertaining to comprehensive human sexuality education, including family planning; human sexuality; the emotional, physical, psychological, hygienic, economic, and social aspects of family life and/or reproductive health as described. **This shall be considered continuing written notice that my child will not be enrolled in sex education class without my prior written authorization.** [OAR §581-022-1440(5), ORS §336.035(2), ORS §336.465]

Sexually Transmitted Disease (STD) and Sexually Transmitted Infection (STI) Education – The entirety of instruction in HIV/AIDS education; and the recognition, prevention, and treatment of STDs and STIs. **This shall be considered continuing written notice that my child will not be enrolled in STD and/or STI education classes without my prior written authorization.** [OAR §581-022-1440(5), ORS §336.035(2), ORS§336.465].

Immunization - Any and all vaccinations for religious or philosophical convictions, or other objections [ORS §433.267, OAR §333-050-0100(19)]

Mental Health Screening - Any sort of mental health screening, or counseling. ORS §336.216

Freedom from harassment, suspension or expulsion

In addition, it is understood that according to ORS 336.465, refusal to take part or participate in any class, course, survey, assembly or school-sponsored activity on human sexuality or HIV/AIDS **shall not be reason for harassment, suspension or expulsion of a student.**

Keep this signed, written notice on file in my child’s cumulative folder. This notice supersedes all prior Opt-Out notices.

Thank you for your assistance and cooperation.

Parent Signature: _____

Date: _____