Health Curriculum Opt-Out Notification

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , (Principal or Teacher)

As you are aware, California Education Code # 51240 requires a school, upon receipt of a written request from a parent or guardian, to excuse a student from all aspects of a school's instruction in health that conflict with the religious training and beliefs of the family.  After reviewing the content that is required or permitted to be taught under the California Healthy Youth Act, I have determined that this content conflicts with our family's religious beliefs. This letter serves as notice to opt my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child's name) out of all instruction taught in order to comply with the California Healthy Youth Act.

In addition, this notification also serves as notice to opt my child out of all Health instruction that conflicts with our religious training and belief. This includes instruction, materials, presentations, or programming that discuss gender, gender identity, gender expression, sexual orientation, discrimination, harassment, bullying, intimidation, relationships, or family.

Please confirm in writing that you have received this notification and inform me of the procedures the school will use to ensure that my child is excused from receiving this health instruction that conflicts with our religious beliefs.

Sincerely,

Parent/Guardian Signature  \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone #:   \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Address :  \_\_\_\_\_\_\_\_\_\_\_