

Date

PLACE ON FILE WITH YOUR SCHOOL

Sent via email to _____ and/or hand delivered

Principal Name

School Name

Street Address

City, ST ZIP Code

Re: Parental Notice concerning [name of child(ren)] and issues related to
Gender Identity Ideology at school

Dear Principal [Last name of Principal],

As parents and legal guardians of our minor child(ren), we/I exercise our/my right under the U.S. Constitution and the Constitution and laws of the State of _____, to direct the upbringing, care, and education of our/my minor child(ren), and place school administrators on notice of the following:

● WE/I DEMAND IMMEDIATE NOTIFICATION if my child ever expresses a different pronoun, name preference or a different gender from his/her biological sex, or requests to be treated as any other identity that conflicts with his/her biological sex.

● WE/I DO NOT CONSENT to my child receiving instruction or information on, or being subjected to discussion concerning gender identity ideology, including but not limited to: transgenderism, gender identity, gender spectrum, gender dysphoria, alternate gender pronouns, pronoun preferences, clothes changing closets, puberty blockers, cross-sex hormones, gender reassignment surgery (“top” or “bottom” surgery), or similar related subject matter.

This shall also include exposure to or participation in any surveys, digital or physical instructional materials, internet websites, social media, chat rooms or similar digital platforms, curricula, writing prompts, videos, clubs, small groups, lunch discussions or any similar materials or gatherings regarding any topics listed above.

● WE/I DO NOT CONSENT to my child speaking to or meeting with any adults, teachers, counselors, librarians, other school officials, or third parties on or off campus regarding gender identity or any of the above subjects related to gender identity ideology. Such matters relate to mental and spiritual health which school personnel are not qualified or authorized to discuss without our/my prior notice, consent, and involvement.

● WE/I DO NOT CONSENT to any manner of my child socially transitioning at school. “Social transitioning” involves treating an individual as something other than his or her biological sex and includes things such as addressing that person by alternative names and/or pronouns not associated with his or her biological sex, taking on the appearance of a different sex,

using the privacy facilities (bathrooms, locker rooms, showers, overnight accommodations) of a different sex, or being included in activities (such as clubs or sports teams) reserved for a different sex. Properly understood, social transitioning a minor child is a significant mental health decision that school officials are not qualified or authorized to make and that necessitates the consent and involvement of a minor child's parent(s).

● WE/I DO NOT CONSENT to any referral of my child to a counselor, medical or mental health professional, social worker, within or outside the school, including School Based Health Clinics (SBHC), for purposes of discussing or addressing issues related to my child's gender identity, gender identity ideology, or any of the topics listed herein. In addition to being medically controversial, such matters are directly contrary to our family's faith of _____. Exposing our children to these materials, gatherings, or meetings violates our sincerely held religious beliefs.

● Finally, should the school district interpret Title IX to require affirmation of a child's asserted gender identity, please note that our constitutionally-protected parental rights to direct the upbringing, education, and medical and mental care of our child[ren] cannot be superseded by Title IX or any other federal statute.

● We / I hereby request that we/I be given prior notice and instruct that our/my child be given alternative academic instruction during the same period that any presentation or instruction on any aspect regarding the above is provided.

● We/I hereby direct that this notification be placed in our/my child[ren]'s permanent file[s] and be provided to all people instructing, advising, or interacting in any way with our/my child during the school year. Any violation of this notice will be the subject of further action to protect our/my child. We/I look forward to your prompt confirmation of receipt and your full compliance with the terms of this letter.

Sincerely,

[Your name(s)]

Parent(s) of [child(ren) name(s)]

[Received by _____]

cc: [Name of School Counselor]

Human Sexuality Instruction Parental Non-Consent/ Opt Out Form For the _____ School Year

I, _____, as parent and/or legal guardian of _____, a minor child, hereby exercise my right under the Protection of Pupil Rights Amendment, the U.S. Constitution and the Constitution and laws of the State of _____, to direct the upbringing and education of my minor child, and hereby place school administrators on notice of the following:

1. **I DO NOT CONSENT** to my child's participation in any instruction or discussion on human sexuality which is derived in whole or in part from; contains information from; or references to the following sources:

- A. National Sexuality Education Standards
- B. Future of Sex Education (FoSE) Initiative
- C. Sex, Etc.
- D. GCAPP / FLASH (Check for State Organizations)
- E. ETR, Inc., HealthSmart, Making A Difference, Draw the Line, etc.
- F. Advocates for Youth, 3 R's (Rights, Respect, Responsibility)
- G. Answer, The Trevor Project, The Gender Spectrum
- H. SIECUS: Sex Ed for Social Change, PrEP
- I. Planned Parenthood (including active videos like Roo, video library, Amaze.org)
- J. The Human Rights Campaign, The Kinsey Institute
- K. GLSEN (Gay Lesbian Straight Education Network)
- L. Gay Straight Alliance
- M. Guttmacher Institute
- N. Any CASEL Aligned Materials or SEL programs or SEL testing/assessments. The five CASEL competencies are ideological in nature and I do not consent for them to be used on my child. (DESSA, Pearson, Panorama, Wallace, etc.)
- O. Puberty: The Wonder Years, Wendy Sellers
- P. Darkness to Light/Monique Burr/Erin's Law
- Q. PBS Videos "Above the Noise" or any like them.

2. **I DO NOT CONSENT** to my child being given instruction or information on, or being subjected to discussion of any aspect of human sexuality, unless I opt-in in writing. This includes instruction, media center materials or information including the following:

A. Abortion;

B. Birth control/contraceptives;

C. Sexual activity of any kind whatsoever, including, but not limited to, vaginal, oral or anal sex;

D. Sexual orientation, including, but not limited to any variant of homosexuality, including but not limited to, lesbian, gay, bisexual, queer, or questioning identities;

E. Transgenderism or gender identity, including, but not limited to, gender as social construct; gender binary; gender spectrum; gender reassignment surgery, gender dysphoria, false gender pronouns, gender expression, or cross-sex hormones;

F. Any referral of my child to a counselor, medical professional, social worker, within or outside the school for purposes of discussing sexuality, or any of the topics listed herein;

G. Any written material of; reference to; or referral to an outside agency, group, individual or organization relating to sexuality (including, but not limited to those listed in Section 1).

H. Any obscene, sexually explicit or harmful to minors materials whether in print or online databases like SORA, OverDrive, Libby, Galileo, Gale or EBSCO, whether visual or verbal.

I. Any reference to or participation in a personal analysis, evaluation or survey that reveals or attempts to affect my child's attitudes, habits, traits, opinions, beliefs or feelings concerning: political affiliations; religious beliefs or practices; mental or psychological conditions; sexual behavior or attitudes; sexual activity; sexual orientation; gender identity; or illegal, antisocial, self-incriminating or demeaning behavior;

J. Collection of data concerning any characteristics of my child listed in paragraph 2C above, whether collected by the school, the district, any other governmental entity, or a contractor or vendor, and whether or not such data is personally identifiable.

K. Any advertisement of or participation in any group, organization, club, entity or activity that discusses or addresses sexual activity, sexual orientation or gender identity, under the guise of “bullying” or other rationale;

L. Any additional instruction and discussion, including but not limited to: classroom teachers, school staff, third-party providers, YouTube or other videos, films, live streaming, other audio-visual methods, textbooks, workbooks, or handout material, including any entity listed under Section 1 or any topic listed under Section 2.

I am requesting alternative academic instruction for my child during the same period that any instruction on any aspect regarding above is provided or presented.

I hereby request that this notification be placed in my child’s permanent file and be provided to all people offering instruction to my child during the school year. Any instruction contrary to this notice will be the subject of further action to protect my child.

Parent and/or Legal Guardian

Printed Name _____ Date _____

Name(s) of Minor Child(ren)

Basic FOIA /Open Record Request to Research Sex Ed Curriculum and SEL

EXAMPLE

School System Name, Custodian. Date: _____

Dear _____:

USE THIS FOR IDEAS OR TO FILE INDIVIDUALLY

Pursuant to the **(your state)** Open Records Law (**Ref #** et seq.) (the “Law”), you are hereby requested to make available for review and copying all files, records and other documents in your possessions that refer, reflect or relate to the _____ County Schools:

Sex Education

- **Adoption:** Health Advisory Committee’s notes regarding all sex education materials. This request includes, but is not limited to, all documents, notes, correspondence and memoranda evidencing the decision to adopt these curricula and/or resources and all communication and correspondence in whatever tangible medium between the Health Advisory Committee and among all administrative cabinet members such as the curriculum director, assistant superintendent and superintendent in regard to these curricula.
- **Outside Organizations:** Please list names of any outside organizations that teach sexuality education, bullying information, teen pregnancy, Erin’s law, dating violence, drug resistance, etc. Please provide access for review of their materials print and non-print, digital or electronic.

Access: Please identify and list company name(s), and provide accesses (digital, electronic or hardcopy) to review the following curricula, broken down by each grade: **(or just what you specify)**

- Social and Emotional Learning Programs
- CASEL Aligned Digital Core Programs
- Health Curricula and Programs
- Sexuality Education Materials/Resources

Counselors/Mental Health Administrators:

- Please supply the number of counselors/mental health associates employed by the district.
- Please identify how many administrators and mental health workers are members with the American School Counselor Association, (ASCA).
- Please provide payouts for dues or conference fees for ASCA.

EXAMPLE

Counselors/Mental Health Administrators, (con't)

- Please list subcontractors and/or agencies for mental health services and if any, list ALL curriculum or resources they use for students and provide access codes for electronic/digital programs or provide books for review. Also identify and list any neurofeedback data processing companies used with students through these agencies.
- Please provide copies of any/all Gender Support or Communication Plans used by the school or any subcontractors for transparency. Also provide any of these records that have ever involved my child(ren).
- Please provide copies of all DESSA (OR SIMILAR ASSESSMENT COMPANIES) records that involve my child(ren). (SEL Competency Evaluations)

If this request is denied in whole or in part, we ask that you cite in writing the specific statutory exemption upon which you have relied, as required by law. We also ask that you release all separate portions of otherwise exempt material. Please waive any costs associated with this request, or first inform me of such costs as required by **(your state)** law. As you know, the Law requires a response by you within **(check your state)** business days of your receipt of this letter and provides sanctions for non-compliance.

Should you have any questions, please contact me by **email**.

Sincerely,

Your Name

CC: There are times when using the CC to alert school board members is effective because they may not know of these issues.

NOTE: This is an example of a COMPREHENSIVE open records request for your information to show you several items you may ask for to gain understanding of your school. It is best to present a one or two item(s) at a time. For more information, you may email parentsonthelevel@gmail.com.