	Date:		
	and/or hand delivered		
		<u></u>	
School Name:			
School Address:		, STATE: ZIP:	
Dear Principal	ted to Gender Identity Ideology		
		exercise our/my right under the U.S.	
Constitution and the Co	onstitution and laws of the State of	of, to direct the	
upbringing, care, and endice of the following:	· ·	en), and place school administrators on	

- 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: inclusive language, 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, "transition" or "coming out" events 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. Further, anatomy of sexual organs/puberty conversations/lessons should not be administered to my child in any elementary grade, K-6.
- 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 cannot be superseded by Title IX or any other federal statute.

We / I hereby request that we/I be given <u>prior notice</u> and instruct that our/my child be given <u>alternative academic instruction</u> 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'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,		
Signed	Signed	
Print Name	Print Name	
Parent(s) of	[Received by	

cc: [Superintendent, Leading School Counselor and Nurse]

PRINT THREE EXTRA COPIES FOR CC

NOTE: If you receive resistance from school leadership or a matter arises in school involving your child's identity, you should resend a hard copy of this letter via FedEx/UPS or certified mail and copy the school Superintendent, school board chairman and your family attorney, including "Esq." and/or the name of the attorney's law firm.

ALSO LOOK FOR OPT OUT FORMS FOR SEX EDUCATION LISTED ON YOUR SCHOOL'S WEBSITE AND COMPLETE THEM FOR ADDED PROTECTION.

Georgia Health Standards now require that ALL body parts must be taught in the **SECOND GRADE:**

Health Education Georgia Standards of Excellence

		Don't be a bystander be an upstander to bullying
HE2.1.g	Understand proper names for all body parts and identify healthy and appropriate boundaries around physical touch.	Example • Everyone has the right to say "no" to touch

Georgia Health Standards now require puberty to be taught in **FIFTH GRADE**:

Health Education Georgia Standards of Excellence

H	E5.1.g	35.1.g Identify the changes that occur during		Example	
		puberty.	•	Physical changes	

Middle and High School have digital programs that need to be reviewed by parents because of digital libraries that are customized through therapeutic interventions. Discover more at Georgia Department of Education's website:

https://www.gadoe.org/wholechild/Pages/TieredSystemofSupports.aspx