Downloadable/editable templates for opting out of sexual health, pronoun usage policies, surveys, etc.

1. OPT-OUT OF SEXUAL HEALTH/COMPREHENSIVE SEX EDUCATION

Subject: Request to Opt My Child Out of Sexual Health Instruction

Dear [Principal's Name] and [School Nurse/Counselor Name],

I am writing to formally request that my child, [Child's Full Name], a student in [Grade/Class], be excused from all instruction, curriculum, presentations, or materials relating to sexual health, human sexuality, or reproductive education, including any "inclusive" or "comprehensive" sex education content.

This request is made in accordance with New Mexico Administrative Code 6.12.2, which permits parental discretion in matters concerning sexual education and aligns with our family's deeply held moral and religious beliefs.

Please ensure my child is not present during any such instruction and that no related material is assigned or distributed. I also request notification in advance of any instruction that might include sensitive content so we may evaluate and respond accordingly.

Sincerely,

[Your Full Name]

[Your Signature]

[Phone Number]

[Email Address]



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2. OPT-OUT OF GENDER IDENTITY/PRONOUN POLICIES

Subject: Notice of Opt-Out: Gender Identity Discussions and Policies

Dear [Principal's Name] and [Teacher's Name],

This letter is to inform you that I do not consent to my child, [Child's Full Name], being subjected to or participating in:

- Discussions, lessons, or activities relating to gender identity, gender expression, or transgender ideology
- The use of alternative pronouns or affirming names that contradict biological sex
- Any gender support plan being created or discussed without my knowledge and consent

This request reflects our family's sincerely held religious and moral beliefs. I request written confirmation that my wishes will be honored and that no attempts will be made to conceal related information from us as parents.

Sincerely,

[Your Full Name]

[Your Signature]

[Phone Number]

[Email Address]



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3. OPT-OUT OF STUDENT SURVEYS (PERSONAL/POLITICAL/RELIGIOUS OUESTIONS)

Subject: Parental Opt-Out of Non-Academic Student Surveys

Dear [Principal's Name] and [School Counselor's Name],

Under the Protection of Pupil Rights Amendment (PPRA), I am asserting my right as a parent to opt my child, [Child's Full Name], out of any non-academic student surveys, assessments, or questionnaires that request or collect information related to:

- Sexual behavior or attitudes
- Mental or psychological conditions
- Political affiliations or beliefs
- · Religious beliefs
- Family relationships or household income
- Gender identity or expression

Please ensure my child is not included in any current or future surveys of this nature unless I provide prior written consent.

Sincerely,

[Your Full Name]

[Your Signature]

[Phone Number]

[Email Address]



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4. OPT-OUT OF COUNSELING OR MENTAL HEALTH SERVICES WITHOUT CONSENT.

Subject: Parental Rights Notification: Mental Health Services

Dear [Principal's Name] and [School Counselor's Name],

I am writing to inform you that my child, [Child's Full Name], is not to participate in any counseling, therapy, or psychological evaluations—including those conducted by a school counselor, social worker, or outside agency—without my explicit prior written consent.

This includes all mental health screenings, group sessions, and emotional check-ins that involve disclosure of personal beliefs or private concerns.

Please confirm that our parental rights in this area will be honored.

Sincerely,

[Your Full Name]

[Your Signature]

[Phone Number]

[Email Address]

