

**CALIFORNIA STATE PARENT AND STUDENT OPT-OUT NOTICE**

Please take notice that my child is to be excused and exempted for the current school year from the following school instruction, programs, and/or activities. This opt-out applies to all checked boxes below:

- Attending or participating in any class, instruction or activity related to comprehensive sexual education and HIV/AIDS prevention. Cal. Education Code §§ 51937-51939
- Participating in any anonymous, voluntary, and confidential test, questionnaire, or survey on pupil health behaviors and risks. Cal. Education Code §§ 51937-51939
- Receiving instruction in health instruction on the parts identified below which conflict with my religious training and beliefs and/or personal moral convictions. Cal. Education Code §51240 (list parts that the student is to be excused from)

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- Sitting for all parts of the statewide performance assessments administered pursuant to Cal. Education Code §60615, et seq.
- Sitting for the parts of the statewide performance assessments administered pursuant to Cal. Education Code §60615 as follows: (list parts that the student is to be excused from)
  - English Language Arts/Literacy
  - Mathematics
  - Science
- The administration of any test, questionnaire, survey, examination or evaluation containing any questions or items relative to my child, or my personal beliefs or practices in sex, family life, morality, or religion. Cal. Education Code §51513
- The administration of any test, examination, or assessment as part of a statewide pupil assessment program relative to my child, or my personal beliefs or practices in sex, family life, morality, or religion, or any question designed to evaluate personal behavioral characteristics, including, but not limited to, honesty, integrity, sociability, or self-esteem. Cal. Education Code §60614
- Please take notice that my child shall not be administered any survey, analysis, or evaluation that reveals: (1) political affiliations or beliefs of my child or me, (2) mental or psychological problems

of my child or his or her family, (3) sexual behavior or attitudes, (4) illegal, anti-social, self-incriminating, or demeaning behavior, (5) critical appraisals of other individuals with whom respondents have close family relationships, (6) legally recognized privileged or analogous relationships, such as lawyers, physicians, and ministers, (7) religious, practices, affiliations, or beliefs of my child or me, or (8) income (other than that required by law to determine eligibility or participation in a program or for receiving financial assistance under such program). 20 U.S.C. § 1232h

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

Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School Year: \_\_\_\_\_

Parent/Guardians(s) Address:

\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Daytime/Evening Phone Number(s): \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Parent/Guardian's Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_