

Missouri Parent and Student Opt-Out Notice

(2023-2024 school year) (page 1 of 2)

Please keep this signed notice on file in my child's cumulative folder.

Please take notice that my child, _____, is to be excused and exempted, for the current school year (2023-2024) from the activities, programs, and instruction as indicated below:

Any and all third-party instruction, presentations, methods, techniques, and pull-out programs, as well as in-school counseling instruction and presentations, including but not limited to:

CHADS; COMPASS HEALTH; LEADER IN ME; OPTIONAL SOCIAL EMOTIONAL LEARNING PROGRAMS; IREADY TESTING; ALL SURVEYS

- 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-incrimination, or demeaning behavior, (5) critical appraisals of others with whom respondents have close family relationships, (6) legal recognized privileged or analogous relationships, such as lawyers, physicians, and ministers (7) religious practices, affiliations, or beliefs of my child or me, financial assistance under such program) (20 U.S.C. § 1232(h)).
- This shall also serve to make clear that without my prior written consent, under no circumstances shall my child be required or allowed to be subject to physical, psychiatric, or psychological examination, testing, or treatment as defined at 34 CFR § 98.4(c).
- This shall additionally serve to make clear that without my prior written consent, under no circumstances shall my child be subjected to the planned, systematic use of methods or techniques, as part of any program not mandated by the State of Missouri, that are not directly related to academic instruction and that are designed to affect my child's behavioral, emotional, or attitudinal characteristics. Such methods, techniques, and programs include, by way of example only, "social emotional learning" or "SEL", "anti-racist" pedagogy, and "Critical Race Theory" or "CRT" related methods, techniques, and/or curriculum, Leader in Me, Compass Health, CHADS, etc.
- Without my prior written consent, under no circumstances shall my child be referred to or provided access to any third-party "mental health" counselor or abortion provider.
- Under no circumstances may you conceal from me any of the following with respect to my child: (a) illegal drug use; (b) pregnancy; (c) sexual or other physical assault; (d) matters related to gender identity and gender dysphoria (e.g., transgender claims, changed pronouns); (f) body dysphoria including but not limited to anorexia or bulimia; (h) prescription drug abuse.
- Please take notice that I am conscientiously opting my child out of participation in adolescent violence prevention course because of religious reasons. (589 RSMO § 020)

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- This document shall serve as a written objection to immunizations of my child because of religious reasons. (167 RSMO §181).
- Under no circumstances shall a individual of the opposite biological sex enter any private space occupied by my child, _____, that are **exclusive to individuals of my child’s biological sex** (bathrooms, locker rooms, or any other room designated for biological se, for the purpose of removing any clothing item), pursuant to the Ninth Amendment of the United States Constitution that *ensures the liberty and dignity of citizens is upheld*, to Due Process Laws of the Fifth and Fourteenth Amendment that *gives substantive due process protecting individuals from unreasonable loss of substantive rights, such as the right to privacy*, and to our family’s Christian religious beliefs which expects modesty, decency, and purity to be upheld, in accordance with our belief in God.

Please be advised that I am prepared to pursue all potential actions, remedies, statutory, regulatory, and in tort, in the event the City of St. Charles School District fails to comply with this letter or otherwise does not respect my legal rights regarding my child.

Child’s Name: _____

Grade Level: _____

School Year: 2023-2024

Parent/Guardian(s) Address: _____

Daytime/Evening Phone Number(s): _____

Parent/Guardian(s) Names: _____

School Name: _____

School District: City of St. Charles School District

I look forward to your prompt confirmation of receipt and your full compliance with the terms of this letter.

Sincerely,

Parent/Guardian _____ Date: _____

Parent/Guardian _____ Date: _____