Parental Religious Opt-Out Request Form

Please complete the following form to request that your child be excused from specific instructional content based on sincerely held religious beliefs.

Student Name:
Grade Level:
School Site:
Parent/Guardian Name:
Phone Number:
Email Address:
Date of Request: / /
I. Title or Description of Instructional Content:
2. Specific Lesson, Book, Project, or Assembly:
3. Describe the sincerely held religious belief(s) that substantially conflict with the content

4. Suggested alternative assignment that supports your child's academic growth:

Signature of Parent/Guardian:	Date: / /
School Administrator Review Section:	
Reviewed by:	
Decision: □ Approved □ Denied	
Notes:	
Date of Notification to Parent/Guardian:/	′/