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: ____ / ____ / _____

1. 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: ____ / ____ / _____