

## Massachusetts 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:

**Instruction in human sexual education or human sexuality issues** – Pursuant to Mass. Gen. Laws ch. 71, § 32A, this serves as notice that my child is to be exempted from participation in instruction in human sexual education or human sexuality issues.

**HIV/AIDS Instruction** – Pursuant to Mass. Gen. Laws ch. 71, § 32A, this serves as notice that my child is to be exempted from participation in HIV/AIDS instruction.

**Private Information** – Pursuant to 20 U.S.C. § 1232h, absent my written consent, none of the following may be undertaken regarding my child. The administration of 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 those of lawyers, physicians, and ministers, (7) religious practices, affiliations, or beliefs of my child or me, or (8) income (other than required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

**Screening for substance abuse disorders** – Pursuant to Mass. Gen. Laws ch. 71, § 97, this serves as notice that my child is to be exempted from participation in screening for substance abuse disorders.

**Physical examination and exam examination** – Pursuant to Mass. Gen. Laws ch. 71, § 57, this serves as notice that my child is to be exempted from participation in the following physical examinations:

- Sight or hearing examination
- Postural examination
- Tests to ascertain defects of the feet
- Eye and vision examination
- Examination for neurodevelopmental delay
- Other physical defects

**Immunization** – Pursuant to 105 CMR 220.500(C) and Mass. Gen. Laws ch. 76, § 15, please take notice that my child is exempt from immunizations on the following grounds:

- Child's health would be endangered by immunization. (**Note:** Provide a certification by a physician that he has personally examined the child and that in his opinion the physical condition of the child is such that his health would be endangered by such vaccination or by any of such immunizations.)
- Vaccination or immunization conflicts with sincere religious beliefs.

---

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

---

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

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

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

Parent/Guardian's Address \_\_\_\_\_

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

School Name \_\_\_\_\_ School District \_\_\_\_\_

Received By (Print Name) \_\_\_\_\_

Received By (Signature) \_\_\_\_\_ Date Received \_\_\_\_\_

---

## **Instructions and Information on Using the Massachusetts Parent and Student Opt-Out Notice**

### **What to Do**

#### **THE OPT-OUT NOTICE MUST BE SUBMITTED EVERY YEAR**

Note: These instructions are designed to assist you as a parent in completing the foregoing notice. These instructions should not be given to the school.

- 1) Make copies and share this Massachusetts Parent and Student Opt-Out Notice with other parents.
- 2) This notice allows you to check each box that applies to your concerns. You can check all of the boxes, only one box, or a few boxes, depending on your particular beliefs.
- 3) Make two copies of the completed notice. Then, sign and date each copy in ink.
- 4) Send the Opt-Out Notice to the school Principal by Certified Mail, email, fax, or any other method whereby delivery can be confirmed. You do not need nor are you asking for “agreement” or “authorization.” You only need proof that you delivered the Opt-Out Notice to the school.
- 5) Keep one copy (with the proof of receipt) for your family and ask that the school keep a copy in your child’s school records (the cumulative file). Keep a signed copy for yourself.
- 6) Educate your children to report to you attempts to compel them to participate in classes or activities for which you have requested them to be opted-out.
- 7) Resubmit a copy of this Opt-Out Notice for each child when you enroll them for the next school year.