Parental Opt-Out for Library Activities

Date

Principal Name

School Name

Street Address

City, ST ZIP Code

Fill in your child's name

As parents and legal guardians of my minor child, [my child], I exercise my right under the U.S. Constitution, to direct the upbringing, care, and education of my child, and place school administrators on notice of the following:

I, the undersigned parent/guardian, DEMAND that my child BE EXEMPT from the following activities and materials in the school library for the current academic year:

- Visiting or attending activities in the library
- Interaction with any library staff (librarians)
- Access to books and materials that explore and/or feature LGBTQ themes and gender ideology

I, the undersigned parent/guardian, DO NOT CONSENT for my child be assigned or encouraged to participate in any library-related projects, assignments, or reading activities.

I hereby request that I be given prior notice and instruct that my child be given alternative academic instruction during the same period that any presentation or instruction on any aspect regarding the above is provided.

I hereby direct that this notification be placed in my child's permanent file[s] and be provided to all people instructing, advising, or interacting in any way with my child during the school year. Any violation of this notice will be the subject of further legal action to protect my child. This notice and directives supersede any previous consent related to my child, and is continuing until I provide different written directives.

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

Parent and/or Legal Guardian

Printed Name

Signature

Date