

PARENTAL NON-CONSENT / OPT-OUT FOR 2022-2023 SCHOOL YEAR

I, _____, as parent and/or legal guardian of _____, a minor child, hereby exercise my rights under the U.S. Constitution and case law established by the U.S. Supreme Court; the Protection of Pupil Rights Amendment; and the Constitution of the State of New Jersey, to direct the upbringing and education of my minor child, and I hereby place Haddonfield Board of Education and its administrators and staff on notice of the following:

1. I DO NOT CONSENT to my child’s participation in ANY instruction or discussion on the topics indicated by my initials below:

TOPIC	PARENT / GUARDIAN INITIALS
Sexual activity of any kind whatsoever, including, but not limited to, vaginal, oral or anal sex, masturbation, etc., and all of its components in every subject.	
Sexuality of any kind and by any name whatsoever, including, but not limited to, heterosexuality, transsexuality, bisexuality, straight, gay, etc., and all of its components in every subject.	
Critical race theory, whether labeled “critical race theory” or not, including any discussion of racial supremacy, supremacy culture, supremacy systems, racially-controlled institutions, systemic racism, and all of its components in every subject. (Initials here do not preclude instruction on historical topics such as slavery, The Civil War, the Civil Rights Movement, etc., when presented as part of a fact-based history or social studies curriculum.)	
SEL (Social Emotional Learning), or any similar construct which attempts to displace parents as the primary teachers of values and social norms, and all of its components in every subject.	
Any additional instruction or discussion related to sexual activity or sexuality of any kind and by any name whatsoever, whether facilitated by or with classroom teachers, school staff, third-party providers, YouTube or other videos, films, live streaming, other audio-visual methods, textbooks, workbooks, or handout material.	

2. I DO NOT CONSENT to the following:

Any referral of my child to a counselor, medical professional, social worker, or any other person within or outside the school for purposes of discussing sexual activity or sexuality of any kind and by any name whatsoever, or any of the topics to which I do not consent herein.	
Any reference to or participation in any personal analysis, evaluation, or survey that reveals or attempts to affect my child’s attitudes, habits, traits, opinions, beliefs, or feelings concerning: political affiliations; religious beliefs or practices; sexual behavior or attitudes; sexual activity of any kind whatsoever; or sexuality of any kind and by any name whatsoever.	
Collection of data concerning any characteristics of my child mentioned herein, whether collected by the school, the district, any other governmental entity, or a contractor or vendor, and whether or not such data is personally identifiable.	

3. In classrooms, restrooms, cafeterias, gymnasiums, offices, etc., as well school hallways through which my child passes enroute to classrooms, restrooms, cafeterias, gymnasiums, offices, entrances / exits, etc., I DO NOT CONSENT to my child's exposure to the following:

Any advertisement for any non-school-sponsored group, organization, club, entity or activity that discusses or addresses sexual activity of any kind whatsoever or sexuality of any kind and by any name whatsoever.	
Displays related to sexual activity or sexuality of any kind and by any name whatsoever, including but not limited to flags, posters, billboards, wording, etc.	

This curriculum conflicts with my conscience and my sincerely held moral and religious beliefs, and as such, **I request alternative academic instruction for my child during the same period that any instruction on any aspect regarding the above is provided or presented.** No penalties as to credit, grading, or graduation shall result.

I hereby request that this notification be placed in my child's permanent file and be provided to all people offering instruction to my child during the school year. Any instruction contrary to this notice will be subject to further action to protect my child.

Parent and/or Legal Guardian Name

Parent and/or Legal Guardian Signature

Name of Minor Child

Student's Homeroom Teacher Name

Date Submitted to School

INSTRUCTIONS FOR PARENT: Please submit this form to your child's principal via email if possible, or in person if scanning / emailing is not an option. Please retain a copy (or photo) for your records, and note the date of submission, and, if known, the name of school employee receiving submission.