

Roseville Joint Union High School District Instructional Content Opt-Out Request Form

Stud	udent Information	
Student Name: Grade Level: _		/el:
Schoo	School Site:School Year:	
Pare	rent/Guardian Information	
Paren	rent/Guardian Name:	
	one Number:	
Email	ail Address:	
Instr	structional Content You Are Requesting to Opt Out Of:	
Pleas	ase provide detailed information so that the district can conduct of	a fact-specific review.
1.		•
	upbringing of my child:	_
	Yes	
	□ No	
2.	2. Identify the specific instructional content, material, or activity	you are requesting your
	child be opted out of due to the religious upbringing of your cl	nild.
	(e.g., English 10 Unit 2: Identity & Representation, school-wide	assembly on inclusion,
	etc.)	
Alter	ternative Instruction Acknowledgment	
The d	e district may provide alternative educational activities aligned wit	th California Education
Code	de requirements. Please confirm:	
□ I ur	understand that my child will not be penalized or disciplined for o	pting out and that they
will be	be assigned an alternative, standards-aligned educational activi	ty.
Pare	rent/Guardian Signature	
	ertify that the above statements are accurate to the best of my kno	owledge. I understand
	at this request is subject to review in alignment with district policy of	-
	inature:	5 5 44 44
	te:	

Return Instructions:

Please return this completed form to:

Your child's Teacher and CC the School Principal