MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 Carlotta Drive
Concord, California 94519
Phone (925) 682-8000

Dr. Adam Clark
Superintendent

Parental Notice for TK through Fifth Grade Students
–Opt-Out of Instruction Based on Religious Beliefs, Customs and/or Practices–

The District has adopted a comprehensive list of Supplemental Reading Materials in compliance with LCAP Goal 1 of providing all students with a safe and welcoming learning environment. The Supplemental Reading Materials provide a balance of perspectives and narratives which reflect MDUSD's educational community. The District provides parents with the opportunity to review instructional materials. You are encouraged to contact your child's teacher to preview instructional materials if you have concerns.

Opt-out Form: If you would like to opt-out of specific instruction based on your sincerely held religious beliefs, please come to your child's elementary school to obtain the *Request to Opt-Out of Instruction based on Religious Beliefs, Customs and/or Practices Form.* Please be advised that this form is separate from parental opt-out of instruction under the California Healthy Youth Act. No student will be disciplined for being opted out. Forms must be submitted annually.

Non-Discrimination Statement: The District is committed to providing equal opportunity for all individuals in District programs and activities. District programs, activities, and practices shall be free from unlawful discrimination, including discrimination against an individual or group based on race, color, ancestry, nationality, national origin, immigration status, ethnic group identification, ethnicity, age, religion, pregnancy, childbirth, termination of pregnancy, or location, including related medical conditions and recovery, parental or marital status, reproductive health decision-making, physical or mental disability, medical condition, sex, sex stereotypes, sex characteristic, sexual orientation, gender, gender identity, gender expression, veteran or military status, or genetic information; a perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics. Further, the District prohibits retaliation.

The District values all families and will work with each family to ensure that their child feels supported in the educational setting. If you have any questions or concerns, please do not hesitate to reach out to your child's principal.

MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 Carlotta Drive
Concord, California 94519
Phone (925) 682-8000

Dr. Adam Clark
Superintendent

Request to Opt-Out of Instruction Based on Religious Beliefs, Customs and/or Practices Form (2025-26 School Year)

Please Request from School

Compliance: District is providing parents with the opportunity to 1) review instructional material and 2) opt-out of instruction if it substantially interferes with the religious development of their child.[1]

Instructions: The District will review your request to opt-out and contact you with a response within about fourteen (14) school days. You may be required to provide verification, additional information and/or clarification regarding your request. Please bring this form to the school's office so that staff can ensure timely processing. This form must be submitted annually.

Student Information

Parent Name:	
Phone Number:	
Email	
Student name:	
School:	
Grade:	
Teacher's Name	

1. **Request to Opt-Out of Instruction Based on Religious Beliefs, Customs and/or Practices**. I request that my child be excused from participation in the following specific instructional content:

[1] *Mahmoud v. Taylor,* (2025) 606 U.S. ___ (2025 WL 1773627) (*Mahmoud*).

2. **Statement of Religious Belief**. State your religious belief. This request is based on the following specific religious belief(s), custom(s), and/or practice(s) of our family with which the specific instructional content (identified in # 1 above) above substantially interferes:

3. **Reason for Opt-Out Request**. State the reason for your opt-out request. The specific instructional content (identified in # 1 above) substantially interferes with the specific religious belief(s), custom(s), and/or practice(s) (identified in # 2 above) in the following manner:

Acknowledgment & Signature. I verify that this Request to Opt-Out of Instruction based on religious beliefs, customs and/or practices contains true and correct statements to the best of my knowledge.

Parent/Guardian Signature	
Date	

Please Request from School

DISTRICT USE:

Date Received:				
Approved		Yes		No