



Mount Olive Township School District

973-691-4008

227 U.S. Route 206, Suite 10
Flanders, NJ 07836



Parental Request for Student Opt-Out of Curriculum Instruction

Pursuant to N.J.S.A. 18A:35-4.7 and the United States Supreme Court's decision in *Mahmoud v. Taylor* (2025), parents/guardians may request that their child be excused from specific instructional materials or lessons that conflict with their sincerely held religious beliefs or conscience.

This form must be completed in full and submitted to the building principal at least 10 school days prior to the relevant instruction, unless exigent circumstances exist. Each request will be reviewed on a case-by-case basis.

Student Information:

Student Name :

Grade :

School :

Parent/Guardian Information:

Parent/Guardian Name(s) :

Address :

Phone :

Email :

Curriculum Instruction to be Opted Out Of:

Parents/guardians must specify the exact portion of instruction from the District's approved curriculum that is at issue. The full curriculum catalog can be found at:

<https://mtoliveboe-public.rubiconatlas.org/home>

Subject Area :

Course/Unit Title :

Specific Lesson/Material (include unit name, lesson number, or instructional resource):



Basis for Opt-Out Request

Please describe how the identified instruction conflicts with your sincerely held religious beliefs or conscience:

[Large empty rectangular box for text entry]

(Attach additional pages if necessary)



Acknowledgment

I acknowledge that:

- 1. This request is made in good faith based on my sincerely held religious beliefs.
- 2. I understand that my child will be provided with an alternate educational activity during the time of the excused instruction.
- 3. I understand that the District will review this request and determine whether it is approved in accordance with law.

Signature of Parent/ Guardian : _____

Date : _____

For District Use Only

Date Received: _____ Reviewed By: _____

Decision: Approved Denied

If Denied, Reason: _____

Alternate Assignment/Accommodation (if approved):

Administrator Signature: _____ Date: _____