

Opt-Out Request Based On Religious Belief

Parent/Guardian Request for Student Opt-Out of Instructional Content

The District is committed to providing an inclusive and welcoming environment for all students. We understand and respect that families in our District hold sincerely held religious beliefs that they may, from time to time, believe to be in conflict with specific instructional content within our curriculum.

If you are a parent or guardian and wish to request that your child be excused from specific instruction, lessons, or assignments due to a conflict with your family's religious beliefs, please use the form below.

Upon completion of the form, please email it to the Director of Student Support Services at paul.slayton@sesd.org.

How the Request is Processed

This process ensures we handle every request thoughtfully and fairly on a case-by-case basis.

- **Review is Necessary:** Submitting this form begins a careful review by the District. Excusal from the identified content is not automatic.
- **Our Consideration:** We review each submission on a case-by-case basis. Our determination depends on the specific religious beliefs, the precise nature of the educational requirement or content, and the age of the student.
- **Finding Alternatives:** We are committed to working with you. After reviewing the request, we will determine the appropriate response and consider alternative arrangements for your child.

Please use the form below to initiate your request. We look forward to partnering with you to support your child's education while respecting your family's beliefs.

ADMINISTRATION

Gudiel R. Crosthwaite, Ph.D.
Superintendent

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**Parent/Guardian Request for
Student Opt-Out of Specific Instruction Based On Religious Belief**

This form provides parents/guardians with the option to request that their child be excused from otherwise required instructional content when it may conflict with a parent or family's religious upbringing of their child pursuant to that parent or family's sincerely held religious beliefs. The request and District's response are dependent upon the specific religious beliefs and practices, as well as the specific nature of the educational curriculum or instruction at issue and the age of the student.

Each request will be reviewed by the District to determine the appropriate response based on the nature of the request and the instructional context. Submitting this form does not automatically result in a student being excused from the identified content, and alternative arrangements will be considered on a case-by-case basis.

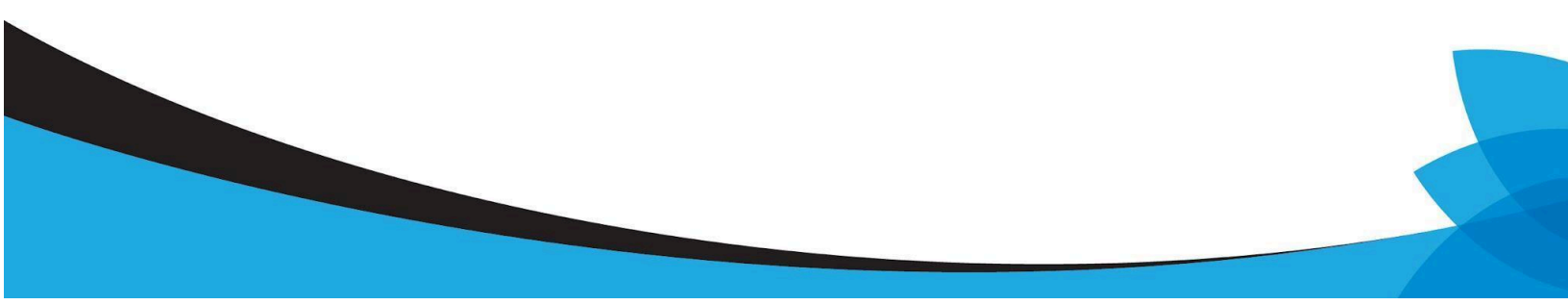
Student Information

Student Name: _____ Student ID#: _____

Grade: _____ School: _____

Instructional Content for Opt-Out Request

Identify the specific instructional topic, or if known, specific instructional material, including the type, name, and/or title of the material (e.g., title of storybook, lesson, unit, curriculum or instruction).

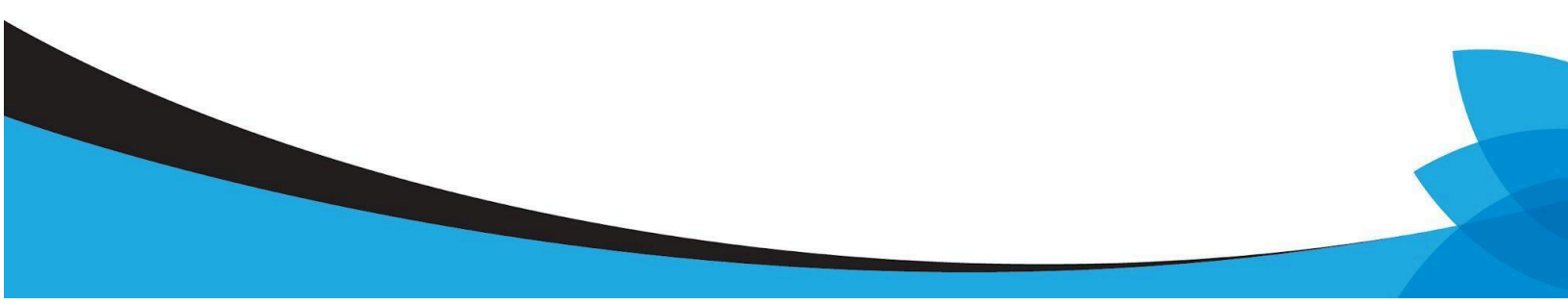


Specific Religious Beliefs

Explain the specific religious belief(s), custom(s), and/or practice(s) with which the specific instructional content or specific material substantially interferes.

Explanation of Conflict

Explain how the specific instructional content or material substantially interferes with the religious upbringing of your child in accordance with your sincerely held religious beliefs; including any grade level or individual student characteristics relevant to this opt-out request.



Acknowledgments

- I understand that my child will not be subject to disciplinary action, academic penalty, or other sanction as a result of this opt-out request.
- I understand that the school will provide an alternative educational activity during the time my child is excused from the identified instructional content.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please submit your completed request form via email to the Director of Student Support Services at paul.slayton@sesd.org.

For District Use Only:

Date request received: _____ Date request processed: _____

Request was ☐ approved ☐ denied on Date: _____

Reason for Denial (if applicable): _____

District Staff Signature _____ District Staff Name _____

