

**Parent Opt-Out Request Form**  
**TK-5 LGBTQ+ Storybook Read-Alouds**

**District Statement**

At LLESD, we aim to create identity-safe classrooms where all children feel respected and represented. This form provides TK-5 families the legal option to request an opt-out from whole-class instruction using books or materials that feature LGBTQ+ themes.

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I request that my child be excused from **whole-class read-alouds or similar activities in grades TK-5 that feature LGBTQ+ books and materials**, as outlined in the district's parent notification letter.

**Reason for Request (optional – check if desired):**

- ☐ Conflicts with our family's religious beliefs
- ☐ Conflicts with our family's personal values
- ☐ Other: \_\_\_\_\_

**Parent/Guardian Acknowledgment**

I understand that...

- This opt-out applies to TK-5 whole-class read-alouds or similar activities involving LGBTQ+ themes/books.
- My child will be provided with an appropriate alternative activity during those times.
- This arrangement will be handled discreetly to respect my child's privacy and maintain a safe learning environment for all students.
- My child will not be penalized academically or otherwise for missing this activity.
- I may rescind or update this request at any time by notifying the school office in writing.
- I may contact my child's teacher, the school principal, or the district administration with any questions or concerns.

**Parent/Guardian Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

***PLEASE RETURN THIS COMPLETED FORM TO YOUR SCHOOL'S FRONT OFFICE***

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*For School Use Only*

**Date Received:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_

**Date Processed:** \_\_\_\_\_