Galt Joint Union Elementary School District

Parent/Guardian Instructional Opt-Out Request Form

Student Name: _____ **Parent/Guardian Name:** _____

School: _____ **Grade:** _____

Teacher(s): _____

Specific Opt-Out Request

I, the undersigned parent/guardian, respectfully request that my student be excused from participating in specific instructional content that I believe would substantially interfere with the religious development of my child.

1. **Identify the specific instructional content which you wish to opt your child out of. This should include identification of specific content or material set to be delivered to your child such as the specific lesson, book, or chapter title, as opposed to general themes:**

   _____
   _____
   _____
   _____
   _____
   _____
   _____

2. **Describe the specific, sincerely held religious beliefs, customs, and/or practices with which the instructional content identified above may substantially interfere:**

   _____
   _____
   _____
   _____
   _____
   _____

I, _____, affirm that the above statements are true and correct. I understand that after receipt of this opt-out request, District administration may schedule a meeting to review my request. I understand that my student will remain in the class pending determination of the review. My student will not be penalized academically for making this request and that the District prohibits discrimination based on religious beliefs. Submit this form to the Office of the Superintendent -superintendent@galt.k12.ca.us

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Email/Contact Information: _____