



Dear Parent or Guardian,
Thank you for your interest in our Opt-Out forms to strengthen your parental rights for the 2021-2022 school year. Execute the forms and email them to your school principal.

Always remember to get everything in writing from your school.

If you have any questions, please contact us at director@protectohiochildren.net

Sincerely,
Diane Stover
Program Director
Protect Ohio Children Coalition
<https://protectohiochildren.net/>

The information provided herein does not, and is not intended to, constitute legal advice; instead, all information, content, and materials are for general informational purposes only.

The Protect Ohio Children Coalition is facilitated by Ohio Value Voters, Inc. P.O. Box 29502 Cleveland, OH 44129

Dear Principal _____,

Attached please find my parental Opt-Out forms for my child(ren) _____
for school year 2021-2022. As their parent/guardian it is imperative that these be added to their
school file and a copy be given to each of their teachers and any media center professional.

If you have any questions, please contact me via email at _____

Sincerely,

**Racially Divisive Concepts / SEL Parental Non-Consent/
Opt Out Form For the _____ School Year**

I, _____, as parent and/or legal guardian of _____, a minor child, hereby exercise my right under the Protection of Pupil Rights Amendment, the U.S. Constitution and the Constitution and laws of the State of Ohio, to direct the upbringing and education of my minor child, and hereby place school administrators on notice of the following:

1. I DO NOT CONSENT to my child's participation in any instruction or discussion which is derived of racially divisive concepts in whole or in part from; contains information from; or references to the following sources, including but not limited to:

- A. 1619 Project
- B. Revisionist History
- C. Critical Race Theory
- D. Culturally Responsive Teaching
- E. Ethnic Studies
- F. Action Civics
- G. White Fragility
- H. Antiracism
- I. Systemic Racism
- J. Diversity, Equity & Inclusion
- K. Equity Initiatives
- L. BrainPop
- M. CASEL
- N. Any SEL programs including, but not limited to, Sanford Harmony, Edgenuity, Purpose Prep, Second Steps, RethinkEd, 7 Mindsets, Panorama, UnboundEd, the Wallace Foundation etc.

2. I DO NOT CONSENT to my child being given any Social Emotional Learning (SEL), including the following:

- A. Any referral of my child to a counselor, medical professional, social worker, within or outside the school for purposes of discussing SEL, or any of the topics listed herein.
- B. Any reference to or participation in a personal analysis, evaluation or survey that reveals or attempts to affect my child's attitudes, habits, traits, opinions, beliefs or feelings concerning: political affiliations; religious beliefs or practices; mental or psychological conditions; or illegal, antisocial, self-incriminating or demeaning behavior;
- C. Any advertisement of or participation in any group, organization, club, entity or activity that discusses or addresses sexual activity, sexual orientation or gender identity, under the guise of "bullying" or other rationale;

- D. Any additional instruction and discussion, including but not limited to: classroom teachers, school staff, third-party providers, YouTube or other videos, films, live streaming, other audio-visual methods, textbooks, workbooks, or handout material, including any entity listed under Section 1 or any topic listed under Section 2.
- E. Collection of data concerning any characteristics of my child listed in paragraph 2C above, whether collected by the school, the district, any other governmental entity, or a contractor or vendor, and whether or not such data is personally identifiable.

I am requesting alternative academic instruction for my child during the same period that any instruction on any aspect regarding above is provided or presented.

I hereby request that this notification be placed in my child's permanent file and be provided to all people offering instruction to my child during the school year. Any instruction contrary to this notice will be the subject of further action to protect my child.

Parent and/or Legal Guardian

Printed Name _____ Date _____

Name(s) of Minor Child(ren) _____

**Human Sexuality Instruction Parental Non-Consent/ Opt Out
Form For the _____ School Year**

I, _____, as parent and/or legal guardian of _____, a minor child, hereby exercise my right under the Protection of Pupil Rights Amendment, the U.S. Constitution and the Constitution and laws of the State of Ohio, to direct the upbringing and education of my minor child, and hereby place school administrators on notice of the following:

1. I DO NOT CONSENT to my child's participation in any instruction or discussion on human sexuality which is derived in whole or in part from; contains information from; or references to the following sources:

- A. National Sexuality Education Standards
- B. Future of Sex Education (FoSE) Initiative
- C. Sex, Etc.
- D. GCAPP / FLASH
- E. ETR, Inc., HealthSmart, Making A Difference, Draw the Line, etc.
- F. Advocates for Youth, 3 R's (Rights, Respect, Responsibility)
- G. Answer, The Trevor Project
- H. SIECUS: Sex Ed for Social Change, PrEP
- I. Planned Parenthood (including active videos like Roo, video library)
- J. The Human Rights Campaign, The Kinsey Institute
- K. GLSEN (Gay Lesbian Straight Education Network)
- L. Gay Straight Alliance
- M. Guttmacher Institute
- N. Amaze.org
- O. Any SEL programs including, but not limited to, BrainPop, Sanford Harmony, Purpose Prep, Second Steps, Edgenuity, RethinkEd, Seven Mindsets, etc.

2. I DO NOT CONSENT to my child being given instruction or information on, or being subjected to discussion of any aspect of human sexuality, unless ia a sexual risk avoidance / abstinence centered curriculum during Health class (see weascend.org). Instruction, media center materials or information including the following:

- A. Abortion;
- B. Birth control/contraceptives;
- C. Sexual activity of any kind whatsoever, including, but not limited to, vaginal, oral or anal sex;
- D. Sexual orientation, including, but not limited to any variant of homosexuality, including but not limited to, lesbian, gay, bisexual, queer, or questioning identities;
- E. Transgenderism or gender identity, including, but not limited to, gender as social construct; gender binary; gender spectrum; gender reassignment surgery, gender dysphoria, false gender pronouns, gender expression, or cross-sex hormones;
- F. Any referral of my child to a counselor, medical professional, social worker, within or outside

the school for purposes of discussing sexuality, or any of the topics listed herein;

G. Any written material of; reference to; or referral to an outside agency, group, individual or organization relating to sexuality (including, but not limited to those listed in Section 1).

H. Any obscene or harmful to minors materials whether in print or online databases like Galileo, Gale and EBSCO, whether visual or verbal, descriptions can be found in Ohio Revised code.

I. Any reference to or participation in a personal analysis, evaluation or survey that reveals or attempts to affect my child's attitudes, habits, traits, opinions, beliefs or feelings concerning: political affiliations; religious beliefs or practices; mental or psychological conditions; sexual behavior or attitudes; sexual activity; sexual orientation; gender identity; or illegal, antisocial, self incriminating or demeaning behavior;

J. Collection of data concerning any characteristics of my child listed in paragraph 2C above, whether collected by the school, the district, any other governmental entity, or a contractor or vendor, and whether or not such data is personally identifiable.

K. Any advertisement of or participation in any group, organization, club, entity or activity that discusses or addresses sexual activity, sexual orientation or gender identity, under the guise of "bullying" or other rationale;

L. Any additional instruction and discussion, including but not limited to: classroom teachers, school staff, third-party providers, YouTube or other videos, films, live streaming, other audio-visual methods, textbooks, workbooks, or handout material, including any entity listed under Section 1 or any topic listed under Section 2.

I am requesting alternative academic instruction for my child during the same period that any instruction on any aspect regarding above is provided or presented.

I hereby request that this notification be placed in my child's permanent file and be provided to all people offering instruction to my child during the school year. Any instruction contrary to this notice will be the subject of further action to protect my child.

Parent and/or Legal Guardian

Printed Name _____ Date _____

Name(s) of Minor Child(ren) _____