

Name
Address

Current Date

Superintend's name
Principal's name
Councilor's name
School Board president/ OR members' names
_____School district
Address

Dear Name of School district, School Employees and Representatives,

This is my sworn testimony in the form of an affidavit.

I, **insert name here**, affirm that my **son/daughter**, _____, has a right to a free and appropriate education as an American. It is my understanding that such education is funded through taxes and schools receive Full-Time Equivalent (**FTE**) and State money, for that education, per each student enrolled with the district and the FTE monies are assigned through pupil attendance calculated on predetermined "count" days. It is with such knowledge that I have voluntarily enrolled my **son/daughter**, _____, in the _____ school district.

I affirm, as the parent of _____, God has given me stewardship over **him/her** to ensure **his/her** education and rights are not violated. I do not consent for my **son/daughter**, _____, to be subjected to mandated or un-mandated state or district vaccination or mask (face covering) requirements. I do not consent to my **son/daughter**, _____, being offered or administered any inoculation or vaccination by _____ school district, its employees, representatives or affiliates. I do require that my **son/daughter's**, _____, medical records, including vaccination status, remain private as required by The Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

Also, I affirm as the parent of _____, that I require the school district, its employees, representatives and affiliates **do not** teach critical race theory, cultural sensitivity or cultural diversity, which in anyway, casts my **son/daughter's** cultural, racial or ethnic background as an oppressor or victim as related to current societal issues or concerns. I affirm that I do not consent for my **son/daughter**, _____, to be indoctrinated or bribed into Antifa, Black Lives Matter, Communistic, Socialistic or Marxist or other anti-patriotic activities.

It is also my position, that I affirm as the parent of _____, that my **son/daughter** shall not be coached or counseled on matters of gender identity or transgenderism and shall not accept any advice or assistance to undergo gender reassignment without my express written

consent. If my son/daughter, _____, approaches any school district employee or board member, for any help with any gender identity issues, I require the school to contact me immediately by phone, text, or email that same day. Do not send me notification of gender issues via the United State’s Postal Service.

In summary, I affirm the _____ school district, its employees, representatives and affiliates shall not mandate vaccinations or masks, teach critical race theory (by any name) or encourage transgenderism for my son/daughter, _____. Also, the _____ school district, its employees and representatives shall not discriminate against, bully, threaten, intimidate or isolate my son/daughter, _____, due to private medical information, vaccination status, use of pronouns or any other reason.

Let it be known that I, insert name here, as the parent of my son/daughter, _____, I do hereby affirm, I am acting as the authority over him/her and I do not relinquish my rights to anyone, _____ school district, its employees, representatives, affiliates, child protective services, city, county, state or federal law enforcement regardless of enrollment or other forms that I may have signed. If the _____ school district, its employees, representatives, or any affiliates choose to disregard my position of authority, I may withdraw my son/daughter, _____, from this district and find other educational opportunities for them, requiring that FTE and state allotted monies follow my son/daughter. Remember, the school district, all its employees and the school board work for “we the people” of the community.

As a final note, I will not allow another man/woman to administer my property and lawful and /or legal action may result on an individual or collective entity if such violation occurs.

ONE FORM PER SON OR DAUGHTER
Fill in all RED areas. Edit as desired. DO NOT USE the word CHILD EVER
make lots of copies Get THEM notarized: mail first letter CERTIFIED to superintend, regular mail any others, place a copy in student file.
<u>Sign as noted in front of notary</u>
KEEP A COPY OF NOTARIZED LETTER and certified mail receipts.

Respectfully,

By: Your Signature _____

All rights reserved

Your printed name under (All rights reserved)

NOTARIZE HERE