

**PARENTAL RIGHTS NOTICE**

As the parent and/or legal guardian of \_\_\_\_\_\_\_\_(STUDENT NAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is a minor child and student at \_\_\_\_(SCHOOL BUILDING NAME)\_\_\_\_\_\_\_\_\_\_\_\_\_, please consider this my formal notice to staff and faculty of ISD \_(#)\_\_\_ that my child is not to be referred to or communicate with any on-staff or outside school counselors, mental health specialists, social workers, or other adults who provide mental or emotional therapy or services without my prior written consent.

In addition, if anyone employed by ISD \_(#)\_\_\_\_ becomes aware that my child is requesting to be referred to by pronouns or names that are not congruent with their biological gender and birth name, or if my child expresses a desire to explore a social or medical transition to a gender other than their biological gender, I am to be notified within 48 hours. Notification must be provided by BOTH phone and email using the number and email address below.

Please ensure that this notification is clearly communicated to all staff, faculty and anyone hired by the district to engage with my student. If you have any questions or concerns, please let me know.

Thank you,

\_\_(SIGNATURE)\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_(PRINTED NAME)\_\_\_\_\_\_\_\_\_\_

\_\_\_(RELATIONSHIP TO THE STUDENT)\_\_

\_\_\_(PHONE)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_(EMAIL)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_