



Minnesota Parents Alliance
RECLAIMING OUR SCHOOLS

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)_____