

Parent Request for Opt-Out of Educational Content for Religious Reasons

Great Valley Academy is committed to fostering a learning environment that respects diverse values and beliefs of our families. In accordance with state and federal guidelines, parents/guardians may request that their child be excused from specific instructional content that conflicts with sincerely held religious beliefs.

Please complete the form below to initiate an opt-out request. A school administrator will follow up to confirm receipt and discuss your request and any necessary accommodations.

Student Information		
Student Name:	Grade:	School Site:
Parent/Guardian Information		
Name:	Relationship to Student:	
Phone Number:		
E-mail Address:		
Opt-Out Request Details		
1. Specify the educational content from which you a	re requesting an opt-out.	
2. Briefly describe the religious belief(s) that you fee	el are in conflict with the	content/activity:
3. Date(s) or timeframe this opt-out applies to (if kr	nown):	
Acknowledgements		
 By signing below, I affirm that: I am the legal parent/guardian of the studer I am requesting that my child be excused from beliefs. I understand that my child will be given an at the period of opt-out. I understand that this request will be review clarification. 	om the content/activity li	lucational activity, if applicable, during
Parent/Guardian Signature:		Date:

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School Use Only	
Date received:	
Reviewed by:	
Request approved	
Further discussion needed	
Notes:	