

Date

Sent via email to and/or hand delivered to:

Principals Name: _____

School Name: _____

Street Address: _____

City, Postal Code: _____

Re: Parental Notice concerning [name of child(ren)]_____
and issues related to Gender Identity Ideology at school

Dear Principal _____,

As parents and legal guardians of our minor child(ren), we/I exercise our/my right under the Canadian Charter of Rights and Freedoms to have our/my minor child(ren) not be exposed to the following materials, gatherings or meetings as they violate our sincerely held religious beliefs.

- WE/I DEMAND IMMEDIATE NOTIFICATION if my child ever expresses a different pronoun, name preference or a different gender from his/her biological sex, or requests to be treated as any other identity that conflicts with his/her biological sex.
- WE/I DO NOT CONSENT to my child receiving instruction or information on, or being subjected to discussion concerning gender identity ideology, including but not limited to: transgenderism, gender identity, gender spectrum, gender dysphoria, alternate gender pronouns, pronoun preferences, clothes changing closets, puberty blockers, cross-sex hormones, gender reassignment surgery (“top” or “bottom” surgery), or similar related subject matter.

This shall also include exposure to or participation in any surveys, digital or physical instructional materials, internet websites, social media, chat rooms or similar digital platforms, curricula, writing prompts, videos, clubs, small groups, lunch discussions or any similar materials or gatherings regarding any topics listed above.

- WE/I DO NOT CONSENT to my child speaking to or meeting with any adults, teachers, counselors, librarians, other school officials, or third parties on or off campus regarding gender identity or any of the above subjects related to gender identity ideology. Such matters relate to mental and spiritual health which school personnel are not qualified or authorized to discuss without our/my prior notice, consent, and involvement.
- WE/I DO NOT CONSENT to any manner of my child socially transitioning at school. “Social transitioning” involves treating an individual as something other than his or her

biological sex and includes things such as addressing that person by alternative names and/or pronouns not associated with his or her biological sex, taking on the appearance of a different sex, using the privacy facilities (bathrooms, locker rooms, showers, overnight accommodations) of a different sex, or being included in activities (such as clubs or sports teams) reserved for a different sex. Properly understood, social transitioning a minor child is a significant mental health decision that school officials are not qualified or authorized to make and that necessitates the consent and involvement of a minor child's parent(s).

- WE/I DO NOT CONSENT to any referral of my child to a counselor, medical or mental health professional, social worker, within or outside the school, including School Based Health Clinics (SBHC), for purposes of discussing or addressing issues related to my child's gender identity, gender identity ideology, or any of the topics listed herein.

We / I hereby request that we/I be given prior notice and instruct that our/my child be given alternative academic instruction during the same period that any presentation or instruction on any aspect regarding the above is provided.

We/I hereby direct that this notification be placed in our/my child[ren]'s permanent file[s] and be provided to all people instructing, advising, or interacting in any way with our/my child during the school year. Any violation of this notice will be the subject of further action to protect our/my child. We/I look forward to your prompt confirmation of receipt and your full compliance with the terms of this letter.

Sincerely,

Parent(s) of _____

cc: _____