**Name of School Your Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State Zip City, State, Zip**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2021

Regarding: [**offspring's full name**] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Principal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After careful consideration, effective immediately, I have decided to withdraw my offspring from

[**school name**]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District is currently failing families in this district by unlawfully forcing students to be masked in the classroom. The unlawful policies in place have injured my offspring mentally, socially and physically. I can no longer put my trust and faith in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District to protect the well-being, social guidance and education of my offspring.

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School board has clearly enacted policies and behavior that are detrimental and harmful to the physical, mental and spiritual growth to my biological property that may bring forth irreparable harm and injury. We sever all commitments, contracts and ties and withhold any and all funding to be distributed before such unlawful and harmful actions have been corrected by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District

Until your school board makes the wise decision to eliminate without delay of all unnecessary use of facial coverings better known as masks, we plan to attend private school/home school. Please remove my offspring from your records and send any other questions or concerns to the address listed above.

If the district has a specific form to declare intent for the next school year, please provide that and send it to my address listed above.

Please forward my child’s transfer record to:

[**Private School Name**]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sign Here** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_