



WALL TOWNSHIP PUBLIC SCHOOLS

Office of Curriculum & Instruction
P.O. Box 1199 • 18th Avenue
Wall, NJ 07719
732-556-2032

Dear Parent or Guardian,

Wall Township Public Schools value partnerships with families as together we educate students in the knowledge and skills needed to lead a healthy, active life. Although the NJ Department of Education determines the standards, we acknowledge that parents/guardians are the primary family life educators for their child/children. We invite parents/guardians to review the health curriculum to guide decisions related to a child's participation in health lessons. The health curriculum is available on the district website at www.wallpublicschools.org.

As per NJ statute, parents/guardians do have the option of excluding their child from any portion of health instruction if it is in conflict with their conscience, morally, or religiously held beliefs. If this is the case, please fill out the exclusion form and return it to your child's principal. Students who are excused will be assigned to a separate classroom for the duration of those identified lessons.

Section: 18A:35-4.7: Parent's statement of conflict with conscience: Any child whose parent or guardian presents to the school principal a signed statement that any part of the instructions in health, family life education, or sex education is in conflict with his conscience, or sincerely held moral or religious beliefs shall be excused from that portion of the course where such instruction is being given and no penalties as to credit or graduation shall result therefrom.

Sincerely,
Ms. Jennifer McCann
Assistant Superintendent of Curriculum and Instruction

Health Curriculum Exclusion Option:
I wish for my child, _____, to be excused from the following units and/or lessons of the health curriculum due to moral, ethical, and/or religious beliefs:

Please place an X in the box(es).

Table with 7 columns (Lesson 1-6) and 7 rows (Unit 1-6) for marking exclusions.

I understand my child will be assigned to a separate classroom for the duration of those identified lessons.

Parent/Guardian Signature _____
Student's Health Teacher _____
Grade _____ Date _____

*Please return this form to the principal.