



## WALL TOWNSHIP PUBLIC SCHOOLS

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

October 31, 2022

Dear Parent(s) or Guardian(s),

In the beginning of October, your child's principal, the Director of Student Wellness & Intervention, and I presented the new health curriculum at each school. A common request from each school's community was a need for more transparency with regard to each lesson's objectives, activities, and materials. As a result, our health/physical education teachers have been working diligently to create grade specific documents that provide more specificity for parents to have a better understanding about the health curriculum. These documents will be placed on the district website, under Curriculum & Instruction within the **Health & PE 2022 - 2023** tab as per the following schedule.

- Grades 6-7: November 2, 2022
- Grade 8: November 7, 2022
- Grades 1-5: November 21, 2022

Cycle 2 Unit 2 for Wall Intermediate School will begin on or about December 15, 2022. The elementary units will begin on or about November 28, 2022. Should there be a topic that evokes additional concerns or questions, we further encourage you to contact your child's principal.

Also, please keep in mind parents/guardians do have the option of opting-out their child(ren) from any portion of health instruction. If this is the case, please fill out the Health Curriculum Opt Out Form below 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.

Thank you for your patience and continued support while the teachers develop the lessons. The partnership between our school district and our parents is critical to ensuring student success.

Sincerely,

*Jennifer McCann*

Jennifer McCann  
Assistant Superintendent of Curriculum and Instruction



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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).

	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6
Lesson 1						
Lesson 2						
Lesson 3						
Lesson 4						
Lesson 5						
Lesson 6						

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.