



## Alloway Township School

*Home of the Tigers*

**Amy Morley**  
Chief School Administrator

**Melanie M. Allen**  
Business Administrator

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Dear Parent or Guardian,

Alloway Township School acknowledges that parents/guardians are the primary educators of health and wellness for their child(ren). We are committed to partnering with you to provide appropriate curriculum and age-appropriate K-8 instruction to support you in this role.

Students may be excused from any part of the instruction that the parent/legal guardian believes is in conflict with their conscience and/or morally or religiously held beliefs. Parents/legal guardians may indicate their excusal by returning this signed form.

Prior to making this decision, we recommend reading the Health Curriculum for your child(ren)'s grade level(s), which will be posted on our website after board approval. Health instruction will begin in grades K-5 in the 2nd marking period. Middle School Health will be taught during the 3rd marking period.

Excused pupils will be assigned an alternate assignment on a substitute topic within the health education or science program. No excused student will be penalized by loss of credit but the student will be held accountable for the successful completion of the alternate assignment.

It is understood that your child(ren) will participate in lessons which are aligned to the NJ Student Learning Standards for Physical Education/Health following Alloway Township District's board approved curriculum unless the parent/guardian signs and returns the form below.

Respectfully,

Amy Morley  
Chief School Administrator

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Return this form to the Main Office. Kindly use a separate form for each child. Thank you.

I, \_\_\_\_\_ (parent/guardian)

request that my child \_\_\_\_\_ (name and

grade level) be excused from participating in the following health lessons/topics which I

object to based on personally held beliefs. I have read the curriculum posted on the school

website and these topics include (check all that apply):

- pregnancy and parenting
- sexual health
- growth and development
- community health services and support
- personal safety
- self worth, mental and emotional health
- health conditions, diseases, and medicines
- other \_\_\_\_\_

I understand that this opt-out exemption is only valid for the school year in which it is signed.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
date