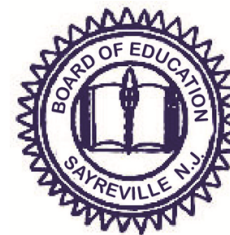




Sayreville Public Schools
Vision 2030

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Sayreville, New Jersey 08871
Phone: 732-525-5200
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Dr. Richard R. Labbe, Superintendent of Schools
Mr. David Knaster, Assistant Superintendent

Mr. Eric Glock-Molloy, Assistant Superintendent
Ms. Erin Hill, Business Administrator/Board Secretary

Parental Opt-Out Request for Health Education Instruction

In accordance with New Jersey Administrative Code N.J.A.C. 6A:8-3.1, which allows parents or guardians to excuse their children from specific parts of health, family life, or sex education instruction that conflicts with their moral or religious beliefs, I am requesting that my child be exempted from the specific lesson(s) identified below.

Student Information:

• Student Name: _____ Grade Level: _____

Parent/Guardian Information:

• Parent/Guardian Name: _____
• Phone Number: _____ Email Address: _____

Lessons to Be Excluded From:

After reviewing the grade level Health curriculum guide found using this link, <https://www.sayrevillek12.net/district/curriculum-instruction/healthphysical-education>, please identify the specific lesson(s) from the Health Curriculum that you wish your child to be excluded from (e.g., Human Sexuality, Gender Identity, Reproductive Systems, etc.):

Assurance Statement:

By signing below, I confirm that:

- I have reviewed the Sayreville Public Schools Health Curriculum.
- I am requesting that my child be excused from the lesson(s) identified above due to personal, moral, or religious beliefs.
- I understand that my child will be assigned alternative, grade-level appropriate health education content to be completed independently in an alternate setting during the scheduled health lesson(s).

Parent/Guardian Signature: _____ Date: _____

Please submit this completed and signed form to your child's principal.

School Use Only:

- Received By: _____
- Date Received: _____ Alternate Assignment Provided by: _____
- Principal's Signature: _____