

# North Plainfield School District

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[www.nplainfield.org](http://www.nplainfield.org)

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Dear Parent/Guardian,

Our curriculum and instructional programs district-wide are fully aligned to the New Jersey Student Learning Standards (“NJSLS”). This includes the Comprehensive Health and Physical Education program, which is designed for all students to “acquire the knowledge and skills of what is most essential to become individuals who possess health and physical literacy and pursue a life of wellness by developing the habits necessary to live healthy, productive lives that positively impact their families, schools, and communities.” We recommend that you review these standards with your child/ren, which can be found on the NJDOE website [here](#) and on the curriculum section of the district website [here](#). Topics discussed during these lessons include health, family life education, and sex education.

Although we strongly encourage families to allow their child/ren to participate in these essential health topics as they are taught in school, the District understands that some parents may prefer to have these conversations privately. Parents have the right to opt out of certain health topics in accordance with N.J.S.A. 18A:35-4.7, which provides:

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.

If you would like your child to participate in the Comprehensive Health and Physical Education program aligned with the NJSLS, you need not do anything further.

If you do object and do not want your child/ren to participate in any part of the health, family life education, or sex education, as it is in conflict with your conscience or a sincerely held moral or religious belief, you must notify the District in writing by checking the box below and writing which topics you seek to exclude your child from. Your child will be sent to a separate classroom with an alternative assignment while the specified lesson takes place. Please note that parents cannot exclude their child/ren from health class altogether.

This form must be completed for each child at the beginning of every school year.

I DO NOT GRANT permission for my child to participate in lessons and assessments for the following topic(s):

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By completing this form and signing, I understand my child will be excluded from the classroom instruction and assessments regarding the above-specified topics and will be provided an alternative assessment to complete.

\_\_\_\_\_  
Student's Name (Last, First)

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
School Year

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Parent/Guardian (Signature)

**Unlocking Potential. Creating Impact.**