



Superintendent of Schools

Dr. Jessica Neu
973-398-4400 x111

School Business Administrator

Mrs. Robin Tedesco
973-770-7140

Principal

Mrs. Marina Williams
973-398-4400 x122

Parent/Guardian Request for Exemption from Health Education Instruction

School Year: _____ **Student Name:** _____

School: _____

Grade: _____ **Teacher/Homeroom:** _____

Dear Parent/Guardian,

The New Jersey Student Learning Standards require that students receive instruction in Comprehensive Health and Physical Education. In accordance with **N.J.S.A. 18A:35-4.7**, a parent or legal guardian may request that a student be excused from any portion of health, family life, or sex education instruction that is in conflict with the family's sincerely held moral or religious beliefs. If you wish to request that your child be excused from specific health education instruction, please complete this form and return it to your child's principal prior to the scheduled instruction.

Parent/Guardian Request: I request that my child be excused from the following portion(s) of the Health Education curriculum because the instruction is in conflict with our sincerely held moral or religious beliefs.

Specific unit(s), lesson(s), or topic(s):

I understand and acknowledge that:

- This request applies only to the specific health education instruction identified above.
- My child is expected to participate in all other required Health and Physical Education instruction.
- During the exempted instructional period, my child will be assigned an appropriate alternative educational activity under school supervision.
- This request will remain in effect only for the school year listed above unless otherwise indicated by the district. A new request may be required in subsequent school years.



Mount Arlington

PUBLIC SCHOOLS

Mount Arlington Board of Education
235 Howard Blvd
Mount Arlington, NJ 07901

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Parent/Guardian Information

Parent/Guardian Name: _____

Signature: _____ Date: _____

Phone Number: _____ Email Address: _____

School Use Only

Date Received: _____ Reviewed By: _____

☐ Approved

☐ Additional Information Requested

Alternative Educational Activity Assigned:

Principal Signature: _____ Date: _____