



**WASHINGTON
TOWNSHIP**
SCHOOL DISTRICT

BRASS CASTLE SCHOOL
16 Castle Street
Washington, NJ 07882
908.689.1188
Jessica L. Garcia, PRINCIPAL

**DISTRICT CENTRAL OFFICE
OLD SCHOOLHOUSE**
One East Front Street
Washington, NJ 07882
908.689.1119
Keith T. Neuhs, SUPERINTENDENT

PORT COLDEN SCHOOL
30 Port Colden Road
Washington, NJ 07882
908.689.0681
Jessica K. McDonagh, PRINCIPAL

Health Family Life Topic Opt Out Form

N.J.S.A. 18A:35-4.7: Parent's statement of conflict with conscience: *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.*

Please return this form if you would like your child to opt out of a certain family life topic. Please note that parents CANNOT opt their child out of health class entirely.

I understand my child will be assigned to a separate classroom for the duration of those identified lessons.

I wish for my child, _____, in grade ____ to be excused from this portion of the health class topic:

_____.

Student's Health Teacher: _____

School: _____

Parent/Guardian Signature: _____

Date: _____