

MONTAGUE TOWNSHIP SCHOOL DISTRICT

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Family Life Education OPT OUT Form

DEAR PARENT/GUARDIAN:

We are writing to notify you of the upcoming Family Life Education health unit.

We acknowledge that parents/guardians are the primary educators for their child/children and we are committed to partnering with families as we educate students in the knowledge and skills they need in order to lead a healthy, active life.

As we agree that some topics may be uncomfortable for students, parents and guardians, we encourage families to have their students participate in these essential health topics. The school district's interpretation of the standards is to apply simple and clear definitions to terms. We want to remind parents/guardians that they have the option to excuse their child from portions of the Family Life instruction if it is in conflict with conscience, moral, or religious beliefs. If this is the case with your child, you should contact your child's Health Teacher to discuss the lessons he/she will be teaching your student.

All topics are taught in an age, grade, and developmentally appropriate manner. The Middle School Curriculum will cover the following topics:

- Grade 6 - personal growth and development (male and female), body systems, emotional health, personal safety, community health services and support, CPR, dependency, substances disorder and treatment
- Grade 7 - emotional health, alcohol/tobacco/drugs, nutrition, lifelong fitness, personal safety, community health services and support, pregnancy and parenting
- Grade 8 - personal growth and development, emotional health, social/sexual health, community health services and support, health conditions/diseases/medicines, personal safety, dependency, substances disorder and treatment

Please only return this form to the school if you DO NOT want your child to participate in portions of the Family Life education unit.

If you have any questions, please contact Ms. Jacobs at mjacobs@montagueschool.org or Mr. Tanner at stanner@montagueschol.org.

Thank you.

PLEASE DETACH AND RETURN THE LOWER PORTION

Family Life Education OPT OUT Form

- ☐ I do **NOT** give permission for my child to participate in portions of the Family Life education unit. I will discuss the specific lessons I object to with my child's health teacher. I understand students who are excused will be assigned to a separate classroom for the duration of those identified lessons and given an alternate assignment.

STUDENT'S NAME _____ HOME PHONE NUMBER _____

PARENT/GUARDIAN NAME _____ Phone Number(s) _____

PARENT/GUARDIAN NAME _____ Phone Number(s) _____

(Signature of Parent/Guardian)

(Date)