

Shamong Township Schools

NJSLS Comprehensive Health Opt-Out Form

Student Name: _____

Grade: _____

- ☐ Indian Mills School
☐ Indian Mills Memorial School

Directions: Please print and complete this form in its entirety for any lesson(s) from which you are choosing to opt your child out and send the form to the main office.

NJ Standard	Grade	Unit/ Lesson	MP	Duration (Days)

Parent Name: _____

Parent Signature: _____

Date: _____