



CLIFFSIDE PARK PUBLIC SCHOOLS
Office of Curriculum and Instruction
525 Palisades Avenue
Cliffside Park, New Jersey 07010

Dear Second Grade Families,

The Cliffside Park School District acknowledges that families are the primary health educators for their children. We are excited to partner with you as we move forward with our new Health curriculum. This year, like many other districts in Bergen County, we will continue to use the, “*Great Body Shop*,” an age appropriate health curriculum. After further discussion, we have been able to carefully narrow down the potentially delicate topics within each grade level. If you would prefer for your child to **not participate** in the topic(s) listed below, please complete the opt-out section below and send it back to school with your child. Please note Health is a mandatory subject in the State of New Jersey.

The Health Committee, Director of Curriculum, Health/PE Supervisor and Elementary Supervisors have reviewed all of the New Jersey standards and curriculum and identified the following topics as potentially delicate.

The full detailed list of topics and sub-topics can be found at: [Great Body Shop: K-6 Program Guide](#)

- ☐ I wish for my child, _____ to be excused from the following portion of, “The Great Body Shop,” lessons for second grade.

Please indicate each unit you would like your child to be EXCUSED from. If you would like to see additional information about each unit and vocabulary please see our curriculum website.

- ☐ When I Feel Afraid - Unit 5 - Lesson 4 - “Your Body is Private”

Note: I understand that by opting out of the curriculum my child will not be receiving the required standards provided by the State of New Jersey. I further understand that they will be participating in self-guided work with headphones in their own classroom during instruction of the identified topic only.

By signing, I acknowledge that I am only excusing my child from this/these portions of the health curriculum and they will participate in all other health related topics as indicated by the New Jersey State Health Standards.

Child's Name: _____ ***Teacher:*** _____

Parent's Signature: _____ ***Date:*** _____