

Alexandria Township School District

Our mission is to build the academic, social/emotional and physical foundation our students need to thrive in high school and beyond.

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Kevin McPeck, Administrative Principal

Dear Parents/Guardians,

We value transparency and partnership with our families to provide the best possible educational experience for all of our students. Our school follows the 2020 Comprehensive Health and PE standards which can be found [here](#). The required topics are separated into grade bands that require certain benchmarks to be met by the end of second, fifth, eighth and twelfth grade. Our teachers have worked diligently over the past year to organize and deliver the content in a cohesive and meaningful manner.

You can reference all ATSD curriculum organized by grade below:

Kindergarten	First Grade	Second Grade	Third Grade	Fourth Grade
	Fifth Grade	Sixth Grade	Seventh Grade	Eighth Grade

Pursuant to N.J.S.A. 18A:35-4.7, parents and guardians have the right to opt their child out of any units that they would rather discuss in the privacy of their own home. See below for details:

N.J.S.A. 18A:35-4.7 Parent's Statement of Conflict with Conscience The NJDOE recognizes and respects that some families prefer to have these conversations privately. Pursuant to N.J.S.A. 18A:35-4.7, any child whose parent or guardian presents to the school a signed statement that any part of instruction in health, family life education, or sex education is in conflict with his or her conscience or sincerely held moral or religious beliefs shall be excused from that portion of the course. Parents and guardians seeking to exercise this option should contact their local school principal directly.

If you wish to opt your child out of any health units listed in the curriculum above, please detach and return the below section at your earliest convenience. Papers should be placed in an envelope and sent to the main office, marked "Attention: HPE Staff and Mrs. Durborow". Any child that is opted out of a unit will be sent out of the room for the duration of that unit and given alternate work to complete. Please do not hesitate to contact your child's health teacher for further information.

I wish for my child, _____, to be excluded from the following unit(s) _____. I understand that alternate, unrelated work will be assigned and my child will be sent to an alternate location.

Parent Signature: _____ Date: _____

Child's Health Teacher: _____