

MIDDLETOWN TOWNSHIP PUBLIC SCHOOLS

900 Nut Swamp Road, Middletown, NJ 07748

www.middletownk12.org

(732) 706-6111

Fax (732) 706-8058

William O. George III, Ed.D.
Superintendent of Schools

Devyn Orozco
Director of Science, Health & Physical Education

September, 2020

Dear Parent/Guardian:


The Health and Family Life course is designed to assist students in developing the skills necessary to make healthy and responsible decisions and foster an understanding of how those decisions affect their overall health and wellness. Students will also review the changes that occur in the human body during adolescence and learn CPR lifesaving techniques and basic first aid.

The following is an outline of the units covered this year in your child's Health Curriculum, Grade 9 Health and Family Life:

I. First Aid	V. Sexually Transmitted Infections
II. Mental Health, Suicide Awareness and Prevention	VI. Abstinence and Contraception
III. Human Sexuality	VII. Alcohol and Drugs
IV. Puberty	

If you choose not to have your son/daughter participate in any portion of a unit, you must complete a "Request to be Excused" form which is available in the main school office.

Sincerely,



Devyn Orozco



MIDDLETOWN TOWNSHIP PUBLIC SCHOOLS

Middletown High School South

900 Nut Swamp Road, Middletown, NJ 07748

www.middletownk12.org

(732) 706-6111

Fax (732) 706-8058

William O. George III, Ed.D.
Superintendent of Schools

Matthew Kirkpatrick
Principal

Dear Parent/Guardian:

Under the federal "No Child Left Behind" Act, public high school must give the names, addresses and telephone numbers of students to military recruiters, college/university recruiters and prospective employers if the recruiters request the information (P.L. 107-110, Section 9528; 10 USC 503). However, students or their parents have the right to instruct the school in writing that this information is not to be released.

If you do not consent to the release of this information 1) military recruiters, 2) colleges/university recruiters, and/or 3) prospective employers, please check the appropriate box or boxes below. To be certain your wishes are respected, **return this form to the Guidance Office ASAP.**

_____ DO NOT release student contact information to Military Recruiters.

_____ DO NOT release student information to College/University Recruiters.

_____ DO NOT release student contact information to prospective employers.

Student's Name

Name of School

Signature of Student or Parent***

Date

*** Students have the right to request their contact information not be released to recruiters. Parents can override a child's decision by notifying in writing, only if the student is under Age 18. We encourage parents and students to discuss this information.

MIDDLETOWN TOWNSHIP SCHOOL DISTRICT

Office of the Superintendent
P. O. Box 4170
Middletown, NJ 07748
(732) 671-3850

MEDIA PERMISSION SLIP

Dear Parent/Guardian:

We as a school district want to celebrate your child, his/her work, and his/her participation in certain programs or events. We are requesting permission for your child's image to be published.

Please check the choice below that is most appropriate for your family. Then detach the bottom of the form, sign it, and return it to your child's school with him/her by **the end of the third week in September**.

Your signature/permission will remain in effect for the duration of the child's schooling at Middletown. However, you may change this agreement/ permission at any time by writing to the principal of your child's school. Your wishes will be honored immediately upon receipt of your request.

-----DETACH AND RETURN BY THE END OF THE THIRD WEEK OF SEPTEMBER-----

MEDIA PERMISSION SLIP

The choice below that is most appropriate for my child's participation in various programs or events, or presentation of his/her work, is as follows:

 Full permission is granted.

This includes the following, as appropriate: Image/audio of my child, and/or personal identifiers such as name, grade, school, and teacher's class. This may include, but is not limited to, school/district website, local papers and school publications, including yearbooks/memory books, DVD's of school events (performances/ shows), etc.

 Partial permission is granted.

This includes the following, as appropriate: Image/audio only, with no personally identifying information except school.

 Permission is NOT granted.

My child's image/audio may not to be published on the district and/or school's website or in print media generated by and under the control of the school district.

Student Name (please print clearly): _____

Student Current Grade: _____

Signature of Parent/Guardian: _____

Date: _____