<u>____</u> of



SEMBAWANG SECONDARY SCHOOL

http://www.sembawangsec.moe.edu.sg 30 Sembawang Crescent Singapore 757704 Tel: 67566760 Fax: 67585380

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Mdm Koh, Principal Sembawang Secondary School

Dear Principal

1. I would like to withdraw my child, _____

(full name of child)

, from Sexuality Education lessons for 2024.

(class of child)

- 2. My reason(s) for my decision to opt my child out of the programme:
 - Religious reasons
 - □ My child is too young.
 - □ I would like to personally educate my child on sexuality matters.
 - □ I do not think it is important for my child to attend Sexuality Education.
 - I have previously taught my child the topics in the Sexuality Education lessons for this year.
 - □ I am not comfortable with the topics covered in the Sexuality Education lessons for this year.
 - Others: _____

Thank you.

Parent's Name & Signature:	
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Parent's Email address:

Parent's Contact No.	(mobile)	
	,	

Child's Full Name: _____

Child's Class:	

Date: _____