[Parent Opt-out Form – This section is applicable <u>only</u> for parents who wish to opt their child out of the MOE Sexuality Education programme for 2024.]

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Ms Cindy Low, Zhonghua Secondary School

Dear Principal

1. I would like to withdraw my child, ______, of _______(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: ______
Parent's Email address: ______
Parent's Contact No. (mobile) ______
Child's Full Name: ______
Child's Class: ______
Date: _____