## [Parent Opt-out Form – This section is applicable only if parents wish to opt their child out of Sexuality Education.]

Date	e:					
Pare	ent's l	Name:				
Pare	ent of	(Child's na	me):			
Nan	ne of I	Principal:	Ms Cindy Lo	<u>ow</u>		
Name of School:			Zhonghua S	Zhonghua Secondary School		
Dea	ır Prin	cipal				
		SE	XUALITY E	DUCATION LESSONS FOR	R YEAR 2023	
1.	Ιv	vould like to	withdraw mv	child.	, of	
	I would like to withdraw my child,, of (full name of child)					
	-	(class of ch	, from Se	exuality Education lessons for	2023.	
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 les				Sexuality Education lessons for	
		this year.				
		Others: _				
3.	3. Thank you.					
 Par	ent's l	Name & Sig	 gnature	Contact No. (mobile)	Email address (optional)	