

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

Date: _____

SEXUALITY EDUCATION PROGRAMME FOR YEAR 2025

Dear Principal,

1. I would like to withdraw my child, _____, of
(full name of child)
_____ from the Sexuality Education Lessons for 2025.
(class of child)

2. My reason(s) for my decision to opt my child / ward out of Sexuality Education lessons:

- Religious reasons
- My child / ward is too young
- I would like to personally educate my child / ward on sexuality matters
- I do not think it is important for my child / ward to attend Sexuality Education lessons
- I have previously taught my child / ward 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: _____

3. Thank you.

Parent's / Guardian's Name & Signature

Contact No. (mobile)

Email address (optional)