

PARENT OPT-OUT FORM

Annex A

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

Date: _____

Parent's Name: _____

Parent of (Child's name): _____

Ms Regina Lee

Yishun Secondary School

Dear Principal

SEXUALITY EDUCATION LESSONS FOR YEAR 2024

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: _____

3. Thank you. _____

Parent's Name & Signature

Contact No. (mobile)

Email address (optional)