

MOE SEXUALITY EDUCATION IN SCHOOLS
PARENT OPT-OUT FORM

*[To be completed only by parents who choose to opt their child
out of the Growing Years programme]*

To: Mrs Yap Dai Jee, Keming Primary School

Dear Principal

1. I would like to withdraw my child, _____,
(Full Name of Child)
of _____ from Sexuality Education lessons for 2023.
(Form Class)

2. My reason(s) for my decision to opt my child out of the programme:

- ☐ Religious reasons [State religion: _____]
- ☐ 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 lessons.
- ☐ I have previously taught my child the topics in the GY Programme for this year.
- ☐ I am not comfortable with the topics covered in the GY Programme for this year.
- ☐ Others: _____

3. Thank you.

Parent's Name & Signature : _____

Parent's Email address : _____

Parent's Contact No. (mobile) : _____

Child's Full Name : _____

Child's Class : _____

Date : _____

Please complete and submit this Parent Opt-out Form, if relevant, to your child's form teacher
by **Monday 23 January 2023**.