Annex A

Date: _____

[<u>Parent Opt-out Form</u> – 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

1.	١w	I would like to withdraw my child,, of	
		(full name of child)	
	(0	, 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:	
Thar	nk you	I	
Pare	nťs N	lame & Signature:	
Parent's Email address:			
Parent's Contact No. (mobile)			
Child's Full Name:			
Child's Class:			