

**eTeens Opt-out Form**

**Please complete this section if you DO NOT wish your child to attend the *eTeens* Programme and return it to the school.**

I, (name) \_\_\_\_\_, do not wish my son/daughter/ward\*, (name) \_\_\_\_\_ of class \_\_\_\_\_, to attend the *eTeens* STIs/HIV Prevention Programme conducted by the Health Promotion Board.

My reason(s) for opting out:

- ☐ My child is too young
- ☐ I would like to personally educate my child
- ☐ I am not comfortable with the topics/content to be covered
- ☐ Religious reasons
- ☐ I have previously taught my child the topics/content to be covered
- ☐ I do not think it is necessary for my child to attend
- ☐ Others (please state): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date