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

Date	e:			
Pare	ent's l	Name:		
Pare	ent of	(Child's name):		
Mrs	Euge	nie Tan		
Can	ossa	Catholic Primary School		
Dea	r Prin	cipal		
1.	۱v	vould like to withdraw my child,	_, of	
	(full name of child)			
		, from the Sexuality Education lessons for 2022.		
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 thi year.		
		I am not comfortable with the topics covered in the Sexuality Education for the	is year	
		Others:		
3.	Tł	nank you.		
Par	ent's l	Name & Signature Contact No. (mobile) Email address (opti	ional)	