

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

Date: _____

Parent's Name: _____

Parent of (Child's name): _____

Mrs Valerie Pinto

CHIJ St. Joseph's Convent

Dear Principal

SEXUALITY EDUCATION FOR YEAR 2022

1. I would like to withdraw my child, _____, of
(full name of child)

_____ from the Sexuality Education Lessons for 2022.
(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)