

**[Parent Opt-out Form –This section is applicable only for parents who wish to opt their child out of the eTeens programme for 2026.**

**You may submit this opt-out form via <https://go.gov.sg/chreenteensoptout> ]**

**Communicable Diseases Agency  
eTeens for Secondary Schools  
Opt-out Form**

**Please complete this section if you DO NOT wish your child/ward 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 Communicable Diseases Agency

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): \_\_\_\_\_

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Signature of Parent/Guardian

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Date