



中正中学 (义顺)

CHUNG CHENG HIGH SCHOOL (YISHUN)

好学力行

E-mail : [cchys@moe.edu.sg](mailto:cchys@moe.edu.sg) 11 Yishun Street 61 Singapore 768547 Tel : 67583912 Fax : 67587397

## MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Mr Chia Guo Hao, CHUNG CHENG HIGH SCHOOL (YISHUN)

Dear Principal

1. I would like to withdraw my child, \_\_\_\_\_, of \_\_\_\_\_  
(full name of child)  
\_\_\_\_\_, from Sexuality Education lessons for 2026.  
(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: \_\_\_\_\_

Thank you.

Parent's Name & Signature: \_\_\_\_\_

Parent's Email address: \_\_\_\_\_

Parent's Contact No. (mobile) \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Child's Class: \_\_\_\_\_

Date: \_\_\_\_\_