## [Parent Opt-out Form - This section is applicable only for parents who wish to opt their child out of the MOE Sexuality Education programme for 2024.]



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

DAZHONG
Tel 6565 8002 Fax 6563 6421
www.dazhongpri.moe.edu.sg
Email: Dazhong\_ps@moe.edu.sg

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

Mr Chris Loh, Dazhong Primary School To: Dear Principal 1. I would like to withdraw my child, \_\_\_\_\_ (full name of child) \_\_\_, from Sexuality Education lessons for 2024. (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 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: