

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

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

Parent's Name: \_\_\_\_\_

Parent of (Child's name): \_\_\_\_\_

Ms Lo Yen Nie, Haig Girls' School

Dear Principal

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

\_\_\_\_\_, from 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)