



海星天主教中学

HAI SING CATHOLIC SCHOOL

15 Pasir Ris Street 21, Singapore 518969 • Tel: 6582 7864 • Fax: 6582 2543

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Ms Adeline Lim, Hai Sing Catholic School

Dear Principal

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

_____, from Sexuality Education lessons for 2025.
(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: _____

