

[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 2026.]



华义中学
Hua Yi Secondary School

60 Jurong West Street 42, Singapore 649371. Tel: 65634568 Fax: 65634505

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

To: Dr Lim Siew Yee, Hua Yi Secondary School

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: _____

Child's race: _____

Child's religion: _____

Date: _____