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

Date	e:			
Pare	ent's l	Name:		
Mr A	Andy I	Mickey Choong		
Jien	nin Pr	imary School		
Dea	r Prin	cipal		
1.	I would like to withdraw my child,, of (full name of child)			
		, from Se	exuality Education lessons for 2	022.
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 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)