



## JURONG WEST PRIMARY SCHOOL

30 Jurong West St 61 Singapore 648368

Tel: 67933419 Fax: 67936593

email: jwps@moe.edu.sg

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

**To:** Mrs Christina Lim, Jurong West Primary 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: \_\_\_\_\_

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