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FOR all levels

Annex A

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

Date	e:				
Par	ent's l	Name:			
Par	ent of	(Child's name):			
Mr I	Kelvin	Lim			
Mor	ntfort S	Secondary School			
Dea	ar Prin	cipal			
		SEXUALITY	EDUCATION LESSONS FO	DR YEAR 2023	
1.	Ιv	ould like to withdraw my	/ child,	, of	
		•	(full nan	ne of child)	
		, from S (class of child)	exuality Education lessons for 2	2023.	
2.	Му	reason(s) for my decisio	n to opt my child out of the pro	gramme:	
		Religious reasons			
		My child is too young.			
		I would like to persona	ally educate my child on sexual	ty matters.	
		I do not think it is impo	ortant for my child to attend Sex	cuality Education.	
		I have previously taug	ght my child the topics in the S	Sexuality Education lessons for this	S
		I am not comfortable	with the topics covered in the	Sexuality Education lessons for this	3
		year.			
		Others:			
3.	Th	nank you.			
Par	ent's l	Name & Signature	Contact No. (mobile)	Email address (optional)	