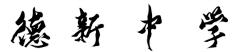


## **NORTH VISTA SECONDARY**



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

Parent's Email address:

Mr Yap, North Vista Secondary School To: Dear Principal I would like to withdraw my child, \_\_\_\_\_\_(full name of child) 1. \_\_\_\_, from Sexuality Education lessons for 2025. 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. Thank you. Parent's Name & Signature:

Parent's Contact No. (mobile)	_
Child's Full Name:	
Child's Class:	
Date:	