



PARK VIEW PRIMARY

ANNEX A

60 Pasir Ris Drive 1 Singapore 519524. Tel: 6585 1421 Fax: 6585

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Miss Jamie Lie, Park View 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: _____