[Parent Opt-out Form –This section is applicable only for parents who wish to opt their child out of the MOE Sexuality Education programme for 2025.]

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Mr Benedict Kek, Peirce Secondary School

Dea	r Prir	cipal
1.	١v	vould like to withdraw my child,, of
		(full name of child)
		, from Sexuality Education lessons for 2025. (class of child)
2.	Му	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:
Thaı	nk yo	u.
Pare	ent's l	Name & Signature:

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