

**[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 2026.]**



## **SEMBAWANG SECONDARY SCHOOL**

<http://www.sembawangsec.moe.edu.sg>

30 Sembawang Crescent Singapore 757704

Tel: 67566760 Fax: 67585380

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

**To:** Low Chee Wai, Sembawang Secondary 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: \_\_\_\_\_