

Parent's Name & Signature



15 FERNVALE ROAD SINGAPORE 797636

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Annex A

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

Date	:			
Pare	nt's N	lame:		
Pare	nt of	(Child's na	ame):	
Nam	e of F	Principal :	Mr Gau Poh Teck	
Nam	e of S	School:	Sengkang Green Primary School	
Dear	· Prind	cipal		
1.		I would like to withdraw my child,, of		
			(full name of child)	
	((class of chil	, from Sexuality Education lessons for 2022 and 2023.	
2.	My reason(s) for my decision to opt my child out of the programme:			
		Religious	is reasons	
		My child	l is too young.	
		I would li	like to personally educate my child on sexuality matters.	
		I do not t	think it is important for my child to attend Sexuality Education.	
		I have pr	reviously taught my child the topics in the Sexuality Education lesson	ns for this year.
		I am not	t comfortable with the topics covered in the Sexuality Education lesson	ons for this year.
		Others: _		
3.	Thank you.			

Contact No. (mobile)

Email address (optional)