



Annex A

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

Date	e:		
Par	ent's l	Name:	
Par	ent of	(Child's name):	
Mr E	∃ddie	Foo	
Wes	st Viev	w Primary School	
Dea	ar Prin	cipal	
		SEXUALITY EDUCATION PROGRAMME FOR YEAR 2022	
1.	Ιv	vould like to withdraw my child,	, of
		(full name of child)	
		from the Sexuality Education programme for 2022.	
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 lessons	S.
		I have previously taught my child the topics in the SEd Programme for this ye	ar.
		I am not comfortable with the topics covered in the SEd Programme for this	year.
		Others:	
3.	Tł	nank you.	
 Par	ent's I	Name & Signature Contact No. (mobile) Email address (optic	onal)