

Parent's/ Guardian's Name

& Signature

Woodlands Ring Secondary School

[Parent Opt-out Form - This section is applicable only if parents/guardians of

Responsibility. Respect. Resilience

Annex B

Secondary 3 students wish to opt their child/ward out of the school's Sexuality **Education Programme.**] Date: _____ Parent's Name: Parent of (Child's name): Mrs Ng Siew Bee Woodlands Ring Secondary School Dear Principal SEXUALITY EDUCATION LESSONS AND ETEENS PROGRAMME FOR YEAR 2022 1. I would like to withdraw my child/ ward, _____ (full name of child) from the following Sexuality Education Programme which will be (class of child/ ward) conducted in the school for 2022: [Please tick the appropriate box(es)] ☐ Sexuality Education Lessons □ eTeens (Empowered Teens) Programme 2. My reason(s) for my decision to opt my child/ ward out of the programme: Religious reasons My child/ ward is too young. I would like to personally educate my child/ ward on sexuality matters. I do not think it is important for my child/ ward to attend Sexuality Education. I have previously taught my child/ ward the topics/ contents to be covered. I am not comfortable with the topics/ content to be covered. Others: 3. Thank you.

Contact No. (mobile)

Email address