ANNEX A

[*Parent Opt-out Form* – *This section is applicable* <u>only</u> for parents who wish to opt their child out of the MOE Sexuality Education programme for 2024.]



PEIYING PRIMARY SCHOOL

School Vision: Lifelong Learners, Leaders of Character School Mission: Building Character, Enriching Lives, Stretching Potential

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Mrs Peh-Wong Wei Yong, Peiying Primary School

Dear Principal

1. I would like to withdraw my child, _____, of

(full name of child)

____, from Sexuality Education lessons for 2024.

(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: _____