# ANNEX A

# [*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 2024.*]

**Moe Sexuality Education In Schools**

**Parent Opt-Out Form**

**To:** Mrs Daphne Yeoh, GEYLANG METHODIST SCHOOL (PRIMARY)

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_