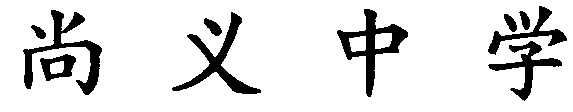
**ANNEX A**

# [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.*]

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BEDOK SOUTH SECONDARY SCHOOL

1 Jalan Langgar Bedok Singapore 468585

Tel: 6 4414479 Fax: 6 4491314

Email: bsss@moe.edu.sg

BDS 2024/SEM 1

29th January 2024

**Moe Sexuality Education In Schools**

**Parent Opt-Out Form**

**To:** Mr Daryl Koh, Principal of Bedok South Secondary 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNEX B**

**Health Promotion Board**

**eTeens for Secondary Schools**

Dear Sir/ Madam

1. The Health Promotion Board (HPB), in collaboration with the Ministry of Health (MOH) and the Ministry of Education (MOE), conducts a programme titled Empowered Teens (eTeens) to educate Secondary 3 students about preventing STIs (Sexually Transmitted Infections)/HIV (Human Immunodeficiency Virus). The programme provides information on the transmission and prevention of STIs/HIV and guides students to make responsible decisions to avoid risky sexual behaviors.

2. The following topics are taught:

1. Infectious diseases (STIs and HIV): what it is, how it spreads, how to prevent infection mainly through ABC (Abstinence, Being faithful, Correct and Consistent condom use)
2. Managing relationships and risky situations in a healthy way

3. The programme includes a 50-minute mass talk and a 1-hour classroom-based lesson:

a) The talk includes a multi-media presentation using a video and presentation to convey key learning points. The video depicts how teenagers weigh considerations in different scenarios and eventually make responsible decisions. Presenters are engaged by the HPB and follow a presentation guide approved by MOE.

b) The classroom-based lesson by an MOE Sexuality Education trained teacher reinforces skills of responsible decision-making, negotiation and assertiveness, based on the values which students have been brought up with, in the family and the community. The training for teachers who conduct the classroom-based lesson is provided by MOE.

4. Additional information is available on the MOE website: <https://go.gov.sg/moe-sexuality-education>

5. If you do not wish your child/ward to attend this programme, please complete the opt-out form on page 2 of this document. For further clarifications about this programme, please email us at [hpb\_yhp@hpb.gov.sg](mailto:hpb_yhp@hpb.gov.sg).

Yours Sincerely

Ann Low (Ms)

Covering Director, Preventive Health Programmes Division

Health Promotion Board

***eTeens* Opt-out Form**

**Please complete this section if you DO NOT wish your child to attend the *eTeens***

**Programme and return it to the school.**

I, (name) , do not wish my son/daughter/ward\*, (name)

of class , to attend the *eTeens*

STIs/HIV Prevention Programme conducted by the Health Promotion Board.

My reason(s) for opting out:

❑ My child is too young

❑ I would like to personally educate my child

❑ I am not comfortable with the topics/content to be covered

❑ Religious reasons

❑ I have previously taught my child the topics/content to be covered

❑ I do not think it is necessary for my child to attend

❑ Others (please state):

Signature of Parent/Guardian Date