

[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.]



Gongshang Primary School

工商小学

1 Tampines Street 42 Singapore 529176 • Tel: +65 6783 1191 • Fax: +65 6788 0004

Website: <https://gongshangpri.moe.edu.sg> • Email: gsps@moe.edu.sg

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Mrs Soh-Lim Tzyy Shiuan, Gongshang Primary School

Dear Principal

1. I would like to withdraw my child, _____, of
(full name of child)
Primary _____, 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: P6 _____

Date: _____