



育英中学

**YUYING SECONDARY SCHOOL**

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## MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Mr Chong Jack Sheng, Yuying 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: \_\_\_\_\_