[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 2025.]



Child's Full Name:

East Spring Secondary School

30 Tampines Street 34 Singapore 529231 Telephone: 65873805 Fax: 65873804

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Ms Susie Ho, East Spring Secondary School

Dear	Prin	cipal				
1.	I would like to withdraw my child,					
	_	, from Sexuality Education lessons for 2025. (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:				
Than	k yo	u.				
Pare	nt's N	Name & Signature:				
Pare	nt's E	Email address:				
Pare	nt's (Contact No. (mobile)				

Child's Class: _	 	 	
Date:	_		