

## Angsana Primary School 树仁小学

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

To: Mr Gabriel Wong, Angsana Primary School

Dear Principal

1. I would like to withdraw my child, \_\_\_\_\_

(full name of child)

\_\_\_\_\_, of

\_\_\_\_\_, 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: \_\_\_\_\_

Thank you.

Parent's Name & Signature:	

Parent's Email address:	

Parent's Contact No. (mobile)	
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Child's Full Name:	

Child's Class: \_\_\_\_\_

Date: