

**Annex A**

*[Parent Opt-out Form – This section is applicable only if parents wish to opt their child out of Sexuality Education.]*

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent of (Child's name): \_\_\_\_\_

Mrs Cheong Ye Ling

Poi Ching School

Dear Principal

(full name of child)  
(full name of child)

(class of child)  
(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: \_\_\_\_\_

\_\_\_\_\_

3. Thank you.

\_\_\_\_\_  
*Parent's Name & Signature*

\_\_\_\_\_  
*Contact No. (mobile)*

\_\_\_\_\_  
*Email address (optional)*

- Note: To be returned to the form teacher by **Monday, 14 February 2022** if you did not complete the Opt-out Form through Parents Gateway (PG).