[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.]

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

Date: _____

To:	M	Stephen Chin, Assumption Pathway School
Dea	r Prin	cipal
1.	Ιv	vould like to withdraw my child,, of (full name of child)
	_	, from Sexuality Education lessons for 2024. (class of child)
2.	Му	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:
Thar	nk yo	u.
Pare	nt's l	Name & Signature:
Pare	nt's E	Email address:
Pare	nt's (Contact No. (mobile)
Child	ďs Fι	ıll Name:
Child	d's Cl	ass: