

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

## HENRY PARK PRIMARY SCHOOL

1 Holland Grove Road, Singapore 278790. Tel: 6466 3600 Fax: 6469 1840 http://www.henryparkpri.moe.edu.sg

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

To:	M	Ir Charles Chan, Henry Park Primary School	
Dea	r Prin	ncipal	
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:	-
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Thar	nk yo	u	
Pare	ent's l	Name & Signature:	
Pare	nt's E	Email address:	
Pare	ent's (	Contact No. (mobile)	
Child	d's Fι	ull Name:	
		lass:	