Updated: Dec 2021

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

Date	e:						
Pare	ent's N	Name:					
Pare	ent of	(Child's na	ıme):				
Name of Principal: Mr Chow				eisi			
Name of School: Victoria			Victoria Sch	ool			
Dea	r Prin	cipal					
			SEXUALIT	Y EDUCATION FOR YEA	R 2022		
1.	I would like to withdraw my child,					_, of	
			,	(full n	ame of child)		
	(class of chil		Sexuality Education Lessons	s for 2022.		
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 t	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.						
 Pare	ent's l	Name & Sig	gnature	Contact No. (mobile)	Email address (opt	ional)	