

East Spring Secondary School

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ANNEX A

[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

To: Ms Susie Ho, East Spring Secondary School Dear Principal 1. I would like to withdraw my child, _____ (full name of child) _, from Sexuality Education lessons for 2024. My reason(s) for my decision to opt my child out of the programme: 2. 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. Thank you. Parent's Name & Signature: Parent's Email address: Parent's Contact No. (mobile) Child's Full Name: Child's Class: Date: