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

Dat	e:				
Par	ent's l	Name:			
Par	ent of	(Child's name):			
Mrs	Sher	ee Chong			
Chu	ıa Chı	u Kang Primary School			
Dea	ar Prin	cipal			
		SEXUALITY ED	UCATION PROGRAMME FO	OR YEAR 2022	
1.	Ιv	vould like to withdraw m	y child,		of
••		rodia into to withdraw m	(full nam	e of child)	, 01
	(	(class of child)	e Sexuality Education programm	e 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 think it is important for my child to attend Sexuality Education lessons.				
	☐ I have previously taught my child the topics in the SEd Programme for this year.				
	☐ I am not comfortable with the topics covered in the SEd Programme for this year.				
		Others:			
3.	Thank you.				
Par	ent's l	Name & Signature	Contact No. (mobile)	 Email address (optic	onal)