PARENT OPT-OUT FORM

To: Mr. Chew Mun Wai, Xinghua Primary School

Dear Principal

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:

Thank you

Parent's Name & Signature:	
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Parent's Email address:	

Parent's Contact No.	(mobile)	
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Child's Full Name:	

Child's Class: _____

Date: _____