

[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 2025.]

Date: _____

Parent's Name: _____

To: Mr Liu Earnler, Temasek Junior College

Dear Principal,

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

1. I would like to withdraw my child, _____, of
(full name of child)
_____ from the *Sexuality Education* lessons for 2025.
(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 lessons.
- 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.

Parent's Name & Signature

Contact No. (mobile)

Email address (optional)