

**eTeens Opt-out Form**

Please complete this section only if you **DO NOT** wish your child to attend the *eTeens* Programme and return it to the school.

I, (name) \_\_\_\_\_, do not wish my son/daughter/ward\*,  
(name) \_\_\_\_\_ of class \_\_\_\_\_, to attend the  
*eTeens* STIs/HIV Prevention Programme conducted by the Health Promotion Board.

My reason(s) for opting out:

- My child is too young
- I would like to personally educate my child
- I am not comfortable with the topics/content to be covered
- Religious reasons
- I have previously taught my child the topics/content to be covered
- I do not think it is necessary for my child to attend
- Others (please state): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date