





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

Date	:								
Pare	ent's N	Name:			_				
Pare	ent of	(Child's na	me):						
			Mrs Jenny Le						
		-	-	-					
Nam	ne of S	School	Damai Primai	ry School					
Dea	r Prin	cipal							
		SEXU	ALITY EDUC	ATION PROGR	AMME	FOR YEA	R 2022		
1.	I would like to withdraw my child,							, of	
	(full name of chil						nild)		
	from the <i>Sexuality Education</i> programme for 2022. (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 SEd Programme for this year.							
		I am not comfortable with the topics covered in the SEd Programme for this year.							
		Others: _							
		-							
3.	Thank you.								
-	Parent's Name & Signature			Contact No. (mobile)			Email address (optional)		
		incerity If and others	P assion for learning	A spiration to succeed	Ι	R esilience in life	K indu to al		

to succeed