



義順中學

**YISHUN SECONDARY SCHOOL**

4 Yishun Street 71, Singapore 768516 Tel: 68767129 Fax: 67557748

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

To: Mrs Regina Lee, Yishun Secondary School

Dear Principal

1. I would like to withdraw my child, \_\_\_\_\_, of  
(full name of child)

\_\_\_\_\_, from Sexuality Education lessons for 2026.  
(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: \_\_\_\_\_

Parent's Email address: \_\_\_\_\_

Parent's Contact No. (mobile) \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Child's Class: \_\_\_\_\_

Date: \_\_\_\_\_