



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: _____

WE SEEK, WE STRIVE, WE SOAR