



中正中学 (义顺)
CHUNG CHENG HIGH SCHOOL (YISHUN)

E-mail : cchys@moe.edu.sg 11 Yishun Street 61 Singapore 768547 Tel :67583912 Fax : 67587397

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

To: Mr Chia Guo Hao, CHUNG CHENG HIGH SCHOOL (YISHUN)

Dear Principal

1. I would like to withdraw my child, _____, of _____ (full name of child), from 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.
 - 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: _____