



LOYANG VIEW SECONDARY SCHOOL

12, Pasir Ris St. 11, Singapore 519073 • Tel: 6582 1727 • Fax: 6581 0557
Email: loyangview_ss@moe.edu.sg • Website: www.loyangviewsec.moe.edu.sg

ANNEX A

[Parent Opt-out Form – This section is applicable only for parents who wish to opt their child out of the MOE Sexuality Education programme for 2024.]

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Mr Eugene Lin, Loyang View Secondary School

Dear Principal

1. I would like to withdraw my child, _____, of
(full name of child)
_____, from Sexuality Education lessons for 2024.
(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: _____