



JURONG WEST PRIMARY SCHOOL
30 Jurong West St 61 Singapore 648368
Tel: 67933419 Fax: 67936593
email: jwps@moe.edu.sg

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Mrs Christina Tan-Lim Lay Leng
Principal
Jurong West Primary 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: _____