<u>Annex A [Parent Opt-out Form</u> –This section is applicable <u>only</u> if parents wish to opt their child out of the Sexuality Education programme.]

Date	e:					
Pare	ent's N	Name:				
Parent of (Child's name):						
Name of Principal Mr Jason Goh						
Name of School			Hougang F	Primary School		
Dea	r Prin	cipal				
		SEX	UALITY E	DUCATION PROGRAMME	FOR YEAR 2022	
I would like to withdraw my child,					, of	
					(full name of child)	
	(class of chi		m the Sexuality Education pro	ogramme for 2022.	
2.	M	y reason(s) for my deci	sion to opt my child out of the	programme:	
	☐ Religious reasons					
		My child	My child is too young.			
☐ I would like to personally educate i				nally educate my child on sexu	uality matters.	
	I do not think it is important for my child to attend Sexuality Education less					
 I have previously taught my child the topics in the SEd Programme for I am not comfortable with the topics covered in the SEd Programme for year. 				SEd Programme for this year.		
				SEd Programme for this		
		Others:				
3. Thank you.						
Parent's Name & Signature				Contact No. (mobile)	Email address (optional)	