



Kranji Primary School

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Dear Parents/Guardians

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Mdm Goh Meei Yunn, Kranji Primary School

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: