## YU NENG PRIMARY SCHOOL • 育能小学



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A vibrant connected community that aspires, learns and leads

**ANNEX A** 

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

To:

Mr Ng Yeow Ling Principal of Yu Neng Primary School

Dea	r Prin	cipal
1.	Ιw	ould like to withdraw my child,, of (full name of child)
		(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:
Thaı	nk yoı	
	-	Name & Signature:
		Email address:
Pare	ent's C	Contact No. (mobile)
Chile	d's Fu	II Name:
Chile	d's Cla	ass:
Date	e:	