



Through School To Nation

## CHANGKAT CHANGI SECONDARY SCHOOL

23 Simei Street 3 Singapore 529894 Tel : 6785 9790 Fax : 6786 8481 Email : changkatchgi@moe.edu.sg

### SEXUALITY EDUCATION LESSONS FOR YEAR 2021

I acknowledge receipt of letter from the school dated on 21/01/2021 regarding the school's Sexuality Education lessons that will be taught in 2021. I have read and understood the information provided on the content coverage and delivery of the programme.

\_\_\_\_\_  
*Parent's Name & Signature*

\_\_\_\_\_  
*Date*

Parent of: \_\_\_\_\_ ( )  
*(Child's Name)*

\_\_\_\_\_  
*Class*

=====

### Annex A

**[Parent Opt-out Form – This section is applicable only if parents wish to opt their child out of the Sexuality Education lessons.]**

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent of (Child's name): \_\_\_\_\_

Name of Principal      Mr Ho Ming Da

Name of School        Changkat Changi Secondary School

Dear Principal

### SEXUALITY EDUCATION LESSONS FOR YEAR 2021

1. I would like to withdraw my child, \_\_\_\_\_, of  
(full name of child)  
\_\_\_\_\_, from the Sexuality Education lessons for 2021.  
(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 lessons.
- 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: \_\_\_\_\_

3. Thank you. \_\_\_\_\_

\_\_\_\_\_  
*Parent's Name & Signature*

\_\_\_\_\_  
*Contact No. (mobile)*

\_\_\_\_\_  
*Email address (optional)*