

CEDAR PRIMARY SCHOOL

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School Vision: Joyful Learners, Responsible Citizens, Creative Leaders in a Connected Community

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Mr Chua Choon Hock, Cedar Primary School

Dea	r Princ	sipal
1.	l w	ould like to withdraw my child,, of
		(full name of child)
	(0	, from Sexuality Education lessons for 2024.
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:
Thar	nk you	
Parent's Name & Signature:		
Parent's Email address:		
Pare	ent's C	contact No. (mobile)
Child's Full Name:		
Child's Class:		
Date:		