



公教中學
Catholic High School
9, Bishan Street 22 Singapore 579767

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Mr Poh Chun Leck, Catholic High School (Primary)

Dear Principal

1. I would like to withdraw my child, _____, of
(full name of child)
_____, from Sexuality Education lessons for 2024.
(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: _____



公教中學
Catholic High School
9, Bishan Street 22 Singapore 579767

Child's Class: _____

Date: _____

Secondary School Campus

Tel: 6458 2177 (Office) 6458 5416 (HOD Room)
Fax: 6456 1322

Primary School Campus

Tel: 6458 9869 (Office) 6458 8221 (HOD Room)
Fax: 6459 3938