[Parent Opt-out Form – This section is applicable only for parents who wish to opt their child out of the MOE Sexuality Education programme for 2024.]



NEW TOWN SECONDARY SCHOOL

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Our Motto: To Forge A Better Life

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Mr Ari Manickam, New Town Secondary School Dear Principal I would like to withdraw my child, _____ 1. (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/Ward's Name & Signature Parent's/Ward's Email address Parent's/Ward's Contact No. (mobile) Date