SEDIA

BUKIT MERAH SECONDARY SCHOOL

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ANNEX A

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Mr Darren Chong, Bukit Merah Secondary School

1.	Ιw	ould like to withdraw my child,, of
		(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:
Tha	nk yo	
Par	ent's N	lame & Signature:
Par	ent's E	Email address:
Par	ent's (Contact No. (mobile)
Chil	d's Fu	ll Name:
Chil	d's Cl	ass:
Date	e:	

