

## Acknowledgement of receipt of Information [Please submit by 1 April 2025]

Dear Mr Willy Tan

### SEXUALITY EDUCATION PROGRAMME FOR YEAR 2025

I acknowledge that 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

---

## Parent Opt-out Form

***This section is applicable ONLY if parents wish to opt their child out of The Sexuality Education Programme.***

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

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

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

Mr Willy Tan

West Spring Primary School

Dear Principal

### SEXUALITY EDUCATION PROGRAMME FOR YEAR 2025

1. I would like to withdraw my child, \_\_\_\_\_, of  
(full name of child)  
\_\_\_\_\_ from the *Sexuality Education* programme 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 lessons.
- I have previously taught my child the topics in the SEd Programme for this year.
- I am not comfortable with the topics covered in the SEd Programme for this year.
- Others: \_\_\_\_\_

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

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

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

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