

Acknowledgement of receipt of Information [Please submit by 1 April 2026]

Dear Mr Willy Tan

SEXUALITY EDUCATION PROGRAMME FOR YEAR 2026

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 2026

1. I would like to withdraw my child, _____, of
(full name of child)
_____ from the *Sexuality Education* programme for 2026.
(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)