



NORTHSHORE PRIMARY SCHOOL

30 Northshore Drive
Singapore 828671
Tel: 6202 6490 Fax: 6202 6491
Email: northshore_ps@moe.edu.sg
Website: <https://northshorepri.moe.edu.sg/>

MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To: Mrs Christine Lam, Northshore Primary School

Dear Principal

1. I would like to withdraw my child, _____, of
(full name of child)

_____, from Sexuality Education lessons 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.
 - 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: _____
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Thank you

Parent's Name & Signature: _____

Parent's Email address: _____

Parent's Contact No. (mobile) _____

Child's Full Name: _____

Child's Class: _____

Date: _____