

FUHUA PRIMARY SCHOOL

West Zone Centre of Excellence ICT in Teaching and Learning

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MOE SEXUALITY EDUCATION IN SCHOOLS PARENT OPT-OUT FORM

To:	Mr	Ganesan, Fuhua Primary School	
Dea	r Prin	cipal	
1.	Ιw	ould like to withdraw my child,, (full name of child)	of
		, from Sexuality Education lessons for 2024.	
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	s for
		this year.	
		I am not comfortable with the topics covered in the Sexuality Education less	ons
		for this year.	
		Others:	
Thar	nk you	J	
Pare	ent's N	Name & Signature:	
Pare	ent's E	Email address:	
Pare	ent's C	Contact No. (mobile)	
Child	d's Fu	ıll Name:	
Child	d's Cla	ass:	
Date	e:		