



# RIVER VALLEY PRIMARY SCHOOL

2, River Valley Green Singapore 237993

Tel. 6737 1785

Fax. 6732 1951

Email: rvps@moe.edu.sg

School Website: <http://www.rivervalleypri.moe.edu.sg>

## Annex A [Parent Opt-out Form –This section is applicable only if parents wish to opt their child out of Sexuality Education.]

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

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

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

### MOE SEXUALITY EDUCATION IN SCHOOLS

### PARENT OPT-OUT FORM

To: Mrs Jennifer Pang,  
River Valley Primary School

Dear Principal

1. I would like to withdraw my child, \_\_\_\_\_, of \_\_\_\_\_, from Sexuality Education lessons for 2023.
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: \_\_\_\_\_

Thank you.

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

\_\_\_\_\_  
Parent's Contact No. (mobile)

\_\_\_\_\_  
Parent's E-mail address (optional)

*Our Vision - Inspiring Learners, Edifying Leaders*

*Our Motto - Strive for the Best*

*Our Values - Serve with Respect, Lead with Integrity, Live with Compassion, Learn with Excellence.*