



RIVER VALLEY PRIMARY SCHOOL

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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 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 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)