



# CONVENT OF THE HOLY INFANT JESUS SECONDARY

## MOE SEXUALITY EDUCATION IN SCHOOLS ACKNOWLEDGEMENT SLIP

To: Mrs Rachel Lee, CHIJ Secondary

I acknowledge receipt of letter from the school dated 15 January 2025 regarding the school's Sexuality Education lessons that will be taught in 2025. 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

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### OPT-OUT FORM

If you **do not** wish your child/ward to attend the Sexuality Education lessons, kindly complete this form and return it to the school.

I would like to withdraw my child/ward, \_\_\_\_\_,  
of class \_\_\_\_\_ from Sexuality Education lessons.

My reason(s) for my decision to opt out:

- 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 topics that are covered this year.
- I am not comfortable with the topics covered this year.
- Others (please state): \_\_\_\_\_

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

\_\_\_\_\_  
Contact no.

\_\_\_\_\_  
Parent's Email