

**[Parent Opt-out Form –This section is applicable only for parents who wish to opt their child out of the MOE Sexuality Education programme for 2026.]**



**Clementi Town Secondary School**

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**MOE SEXUALITY EDUCATION IN SCHOOLS  
PARENT OPT-OUT FORM**

**To:** Mdm Rasidah Binte Rahim, Clementi Town Secondary 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: \_\_\_\_\_

Thank you.

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

Parent's Email address: \_\_\_\_\_

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

Child's Full Name: \_\_\_\_\_

Child's Class: \_\_\_\_\_

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