

**Annex B**

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

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

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

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

Sherwin Cheng

Swiss Cottage Secondary School

Dear Principal

**eTeens Opt-out Form**

**Please complete this section if you DO NOT wish your child to attend the eTeens Programme and return it to the school.**

I, (name) \_\_\_\_\_, do not wish my son/daughter/ward\*,  
(name) \_\_\_\_\_ of class \_\_\_\_\_, to attend the  
eTeens STIs/HIV Prevention Programme conducted by the Health Promotion Board.

My reason(s) for opting out:

- My child is too young.
- I would like to personally educate my child.
- I am not comfortable with the topics/content to be covered.
- Religious reasons
- I have previously taught my child the topics/content to be covered.
- I do not think it is necessary for my child to attend.
- Others (please state): \_\_\_\_\_

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

\_\_\_\_\_  
Contact No. (mobile)

\_\_\_\_\_  
Email address (optional)