ADMIRALTY PRIMARY SCHOOL



11 Woodlands Circle Singapore 738907 Tel: 63620598

Fax: 63627512

Date:			
Parent's	Name:		
Parent o	f (Child's name):		
Pek Wee	Haur Primary School		
Dear Pri	•		
Dod! 1 111	•	ICATION PROGRAMME FOR	R YEAR 2022
1. I	1. I would like to withdraw my child,, (full name of child)		
_	from th (class of child)	e <i>Sexuality Education</i> programm	e for 2022.
2. My reason(s) for my decision to opt my child out of the programme:			
	□ Religious reasons		
	,		
	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 the topics in the SEd Programme for this year. I am not comfortable with the topics covered in the SEd Programme for this year.		
		with the topics covered in the St	
3. T	hank you.		
Parent's	Name & Signature	Contact No. (mobile)	Email address (optional)