



TAMPINES JUNIOR COLLEGE

2 Tampines Ave 9 Singapore 529564
Tel: 67841955 Fax: 67810061
Website: <http://www.tampinesic.moe.edu.sg>

Date: _____

Parent's Name: _____

Parent of : _____

Ms Helen Choo
Principal
Tampines Junior College

Dear Ms Choo,

OPTING OUT OF SEXUALITY EDUCATION PROGRAMME

I have read and understood the content coverage and delivery of the sexuality education programme that your college plans to conduct.

2 I would like to withdraw my child, (name) _____, of (class of child)
_____ from:

(Please check one box ONLY):

- The entire sexuality education programme, or
- Topics/ Lessons:

(List topics/lessons)

3 My reason for opting out is

4 For your information and action, please.

5 Thank you.

Parent's Name & Signature

IC No:

Contact Number:

**Other versions (Malay, Chinese and Tamil versions) are also available on school's website.*