



ROSYTH SCHOOL

Ready to Serve

21 SERANGOON NORTH AVENUE 4
SINGAPORE 555855
Tel: 6481 2273 Fax: 6483 1102
Email: rosyth_sch@schools.gov.sg

Date: _____

Child's Full Name : _____

Child's Class : _____

To : Mr Suraj, Rosyth School

Dear Principal,

1. I have read and understood the content coverage and delivery of Sexuality Education Lessons for 2024.

2. I would like to withdraw my child, _____(Name), of
_____ (Class) from Sexuality Education Lessons for 2024.

3. My reason(s) for opting 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.
- 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 : _____

4. Thank you.

Parent's Name & Signature

Contact Number: _____ Email (Optional): _____