



# ROSYTH SCHOOL

*Ready to Serve*

21 SERANGOON NORTH AVENUE 4  
SINGAPORE 555855  
Tel: 6481 2273 Fax: 6483 1102  
Email: [rosyth\\_sch@schools.gov.sg](mailto: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 2026.
  
2. I would like to withdraw my child, \_\_\_\_\_ (Name), of \_\_\_\_\_ (Class) from Sexuality Education Lessons for 2026.
  
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.

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Parent's Name & Signature

Contact Number: \_\_\_\_\_ Email (Optional): \_\_\_\_\_