



# ROSYTH SCHOOL

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

*Ready to Serve*

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.

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

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