

eTeens Opt-out Form

Please complete this section if you DO NOT wish your child to attend the eTeens Programme and return it to the school.

I, (name) _____, do not wish my son/daughter/ward*, (name) _____ of class _____, to attend the eTeens STIs/HIV Prevention Programme conducted by the Health Promotion Board.

My reason(s) for opting out:

- My child is too young
- I would like to personally educate my child
- I am not comfortable with the topics/content to be covered
- Religious reasons
- I have previously taught my child the topics/content to be covered
- I do not think it is necessary for my child to attend
- Others (please state): _____

Child's race: _____

Child's religion: _____

Parent's/ Guardian's Signature

Contact No. (mobile)

Email address(optional)

Date