

**PARENT OPT-OUT FORM – This section is applicable ONLY if parents wish to opt their child out of the Growing Years programme. It is to be submitted to the Form Teacher latest by Friday, 23 February 2018.**

Date: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Class: P5-\_\_\_\_\_

Mrs Sharon Siew  
Principal, Riverside Primary School

Dear Principal

**THE GROWING YEARS PROGRAMME FOR YEAR 2018**

1. I would like to withdraw my child, \_\_\_\_\_,  
(full name of child)

of P5-\_\_\_\_\_ from the Growing Years programme for 2018.  
(class of child)

2. My reason(s) for my decision to opt my child out of the programme:

- 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 lessons.
  - I have previously taught my child the topics in the GY Programme for this year.
  - I am not comfortable with the topics covered in the GY Programme for this year.
  - Others: \_\_\_\_\_
- \_\_\_\_\_

3. Thank you.

\_\_\_\_\_  
Parent's Name and Signature

\_\_\_\_\_  
Contact No. (mobile)

\_\_\_\_\_  
Email Address (optional)