

**Parent Opt-out Form – This section is applicable ONLY if parents wish to opt their child out of the Growing Years programme.**

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

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

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

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

Mrs Sharon Siew  
Principal, Riverside Primary School

Dear Principal

**THE GROWING YEARS PROGRAMME FOR YEAR 2017**

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

of P5-\_\_\_\_\_ from the Growing Years programme for 2017.  
(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 & Signature

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

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