

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

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

Parent's Name: \_\_\_\_\_

Parent of (Child's name): \_\_\_\_\_

**Mrs Lim Ai Poh** (Please insert the name of your Principal)

Deyi Secondary School (Please insert the name of your school)

Dear Principal

**THE GROWING YEARS PROGRAMME FOR YEAR 2018**

1. I would like to withdraw my child, \_\_\_\_\_, of \_\_\_\_\_ from the *Growing Years* programme for 2018.

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*  
(optional)

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

\_\_\_\_\_  
*Email address*