

[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