

Date

Parent's Name  
Parent of (Child's name)

Principal/HCI

Dear Sir

**OPTING OUT OF *GROWING YEARS (GY) PROGRAMME***

I have read and understood the content coverage and delivery of the Growing Years Programme in the school for 2012.

2. I would like to withdraw my child, (full name of child), of (class of child) from  
(Please check one box ONLY)

- The entire Growing Years Programme, or
- Topics/ Lessons from the Growing Years Programme:

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(List topics/lessons)

3. My reason for opting out:

- My child is too young
- I would like to personally educate my child on sexuality matters
- I am not comfortable
- Religious reasons
- I have previously taught my child these topics
- I do not think it is important for my child to attend SEd lessons
- Others: \_\_\_\_\_

4. Thank you.

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Parent's Name & Signature

Contact Number: