Annex A

[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): _________________________

Mdm Quek Ting Hui

Pei Tong Primary School

Dear Mdm Quek Ting Hui

THE GROWING YEARS PROGRAMME FOR YEAR 2016

1. I would like to withdraw my child, ______________________________________, of (full name of child)
   ______________________________________ from the Growing Years programme for 2016.
   ______________________________________
   (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)