



[Parents' Acknowledgement– This is to be signed by parents of all students.]

Dear Principal

## **THE *GROWING YEARS* PROGRAMME FOR YEAR 2020**

I acknowledge receipt of letter from the school dated on 26/02/2020 regarding the school's sexuality education, *Growing Years* programme that will be taught in **2020**. I have read and understood the information provided on the content coverage and delivery of the programme.

\_\_\_\_\_  
*Parent's Name & Signature*

\_\_\_\_\_  
*Date*

Parent of: \_\_\_\_\_ (      )  
*(Child's Name)*

\_\_\_\_\_  
*Class*



**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): \_\_\_\_\_

Wong-Cheang Mei Heng (Mrs)  
Eunoia Junior College

Dear Principal

**THE GROWING YEARS PROGRAMME FOR YEAR 2020**

1. I would like to withdraw my child, \_\_\_\_\_, of  
(full name of child)  
\_\_\_\_\_ from the *Growing Years* programme for 2020.  
(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)