

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

Name of Principal      Mr Mark Lo

Name of School      St. Andrew's Junior College

Dear Principal

**THE GROWING YEARS PROGRAMME**

1. I would like to withdraw my child, \_\_\_\_\_, of  
(full name of child)

\_\_\_\_\_ from the *Growing Years* programme.  
(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)*