

[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): _____ (Class : _____)

THE GROWING YEARS PROGRAMME FOR YEAR 2019

1. I would like to withdraw my child from the *Growing Years* programme for 2019.
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)