

Annex A

[Parent/Guardian Opt-out Form – This section is applicable only if parents/guardians wish to opt their child/ward out of the Growing Years programme.]

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian of (Child/Ward's name): _____

Mdm Cassie Fan

Stamford Primary School

Dear Principal

THE *GROWING YEARS* PROGRAMME FOR YEAR 2022

1. I would like to withdraw my child/ward, _____,
(full name of child/ward)

of _____ from the *Growing Years* (GY) programme for 2022.
(class of child/ward)

2. My reason(s) for my decision to opt my child/ward out of the programme:

- ☐ Religious reasons
- ☐ My child/ward is too young.
- ☐ I would like to personally educate my child/ward on sexuality matters.
- ☐ I do not think it is important for my child/ward to attend Sexuality Education lessons.
- ☐ I have previously taught my child/ward 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/Guardian's
Name & Signature

Contact No. (mobile)

Email Address (optional)