

**THE GROWING YEARS PROGRAMME FOR YEAR 2018**

I acknowledge receipt of letter from the school dated on 19/01/18 regarding the school's sexuality education, *Growing Years* programme that will be taught in 2018. 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*

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

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1. I would like to withdraw my child, \_\_\_\_\_, of \_\_\_\_\_ from the *Growing Years* programme for 2018.

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)*