

## Sexuality Education 2017 Opt Out Form

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Religion : \_\_\_\_\_

Parent of (Child's name): \_\_\_\_\_

Name of Principal : Ms Lena Seet

Name of School : Rivervale Primary School

Dear Principal

### **THE GROWING YEARS PROGRAMME FOR YEAR 2017**

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

\_\_\_\_\_ from the *Growing Years* programme for 2017.  
(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)