

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): _____

Mdm Lee Lin Yee

St. Margaret's Secondary School

Dear Principal

THE GROWING YEARS PROGRAMME FOR YEAR 2018

1. I would like to withdraw my child, _____(full name of child),
of _____(class of child) 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:
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3. Thank you.

Parent's Name & Signature

Contact No. (mobile)

*Email address
(optional)*