



Paya Lebar Methodist Girls' School (Primary)
298 Lorong Ah Soo
Singapore 536741
Tel: 62862795
Fax: 62803915

[Acknowledgement of Letter – For all parents]

Dear Ms Chua,

THE *GROWING YEARS* PROGRAMME FOR YEAR 2017

I acknowledge receipt of letter from the school dated 20/03/2017 regarding the school's sexuality education, *Growing Years* programme that will be taught in 2017. 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 –

Applicable only if parents wish to opt their child out of the Growing Years programme

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)