



Methodist Girls' School

Founded 1887

11 Blackmore Drive Singapore 599986 • Tel: (65) 6469 4800 • Fax: (65) 6469 8717 • www.mgs.sch.edu.sg

Annex A

Date: _____

Parent's Name: _____

Parent of (Child's name): _____

Principal / Methodist Girls' School

Dear Ms Grace Ng,

OPTING OUT OF MGS SEXUALITY PROGRAMME (INCORPORATING *GROWING YEARS (GY)* PROGRAMME FOR YEAR 2014)

1. I have read and understood the content coverage and delivery of the Growing Years Programme in the Methodist Girls' School Sexuality Education Programme (MGS SEP) for 2014.
2. I would like to withdraw my child, _____, of
(full name of child)
_____ from the MGS SEP for 2014.
(class of child)
3. My reason(s) for opting out:
 - ☐ My child is too young.
 - ☐ I would like to personally educate my child on sexuality matters.
 - ☐ I am not comfortable with the topics covered in the GY Programme for this year.
 - ☐ Religious reasons
 - ☐ I have previously taught my child the topics in the GY Programme for this year.
 - ☐ I do not think it is important for my child to attend Sexuality Education lessons.
 - ☐ Others: _____
4. Thank you.

Parent's Name & Signature

Contact Number: _____ Email (Optional): _____