



育英中学
YUYING SECONDARY SCHOOL
 47, Hougang Avenue 1, Singapore 538884 Tel: 62827968 Fax: 62871607
 Email Address: yuying_ss@moe.edu.sg

Annex A

Date: _____

Parent's Name: _____

Parent of (Child's name): _____

Mr Lo Chee Lin
Yuying Secondary School

Dear Principal

THE GROWING YEARS PROGRAMME FOR YEAR 2016

Acknowledgement of Letter – For all parents.

I acknowledge receipt of letter from the school regarding the school's sexuality education, *Growing Years* programme that will be taught in 2016. I have read the information provided on the content coverage and delivery of the programme.

Parent's Acknowledgement: Name & Signature

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 2016.
 (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)