



DAZHONG PRIMARY SCHOOL

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Date: _____

Child's name: _____

Class: _____

Parent's Name: _____

Dear Principal

THE GROWING YEARS PROGRAMME FOR YEAR _____

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 _____ (year). I have read the information provided on the content coverage and delivery of the programme.

Parent's Acknowledgement: Signature & Date

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 _____.
(class of child) (year)

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)