



**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*

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***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)*