Annex A

[Parent Opt-out Form – This section is applicable only if parents wish to opt their child out of the Growing Years programme.]

Date: ______________

Parent’s Name: _____________________________

Parent of (Child’s name): _____________________________

Dr Hon Chiew Weng,

Hwa Chong Institution

Dear Principal

THE GROWING YEARS PROGRAMME FOR YEAR 2016

1. I would like to withdraw my child, _____________________________, of _____________________________ from the Growing Years programme for 2016.

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)