



# QUEENSTOWN PRIMARY SCHOOL

310 MARGARET DRIVE, SINGAPORE 149303

TEL : 64741044

FAX : 64713640

Date : \_\_\_\_\_ 2013

The Principal  
Mrs Grace Chua

Dear Madam,

## **OPTING OUT OF *GROWING YEARS (GY)* PROGRAMME FOR YEAR 2013**

1. I have read and understood the content coverage and delivery of the Growing Years Programme in the school for 2013.
2. I would like to withdraw my child, \_\_\_\_\_, of  
(full name of child)  
\_\_\_\_\_ from the Growing Years Programme for 2013.  
(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: \_\_\_\_\_

Thank you.

\_\_\_\_\_  
(Parent's Name & Signature)

Contact Number : \_\_\_\_\_

Email (Optional) : \_\_\_\_\_