



Clementi Primary School

8 Clementi Avenue 3 Singapore 129903 Tel: 67797449 Fax: 67732898 Email: admin_clementi_ps@moe.edu.sg

Date: _____

Parent's Name: _____

Parent of (Child's name): _____

Name of Principal : Mr Albert Chia See Chew

Name of School : Clementi Primary School

Dear Principal

THE GROWING YEARS PROGRAMME FOR YEAR 2015

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 2015. 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 2015.
(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)

A Leader, a Keen Learner and a Friend

