

EAST COAST PRIMARY SCHOOL
8 Chai Chee Lane
Singapore 469031

Tel No. : 62447652
Fax No.: 64490429



[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): _____

Ms Jessie Lim

East Coast Primary School

Dear Principal

THE GROWING YEARS PROGRAMME FOR YEAR 2017

1. I would like to withdraw my child, _____, of

Primary _____ from the Growing Years programme for 2017.

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)

