



**RIVER VALLEY PRIMARY SCHOOL**  
**2, River Valley Green Singapore 237993**  
**Tel. 67371785, Fax. 67321951**  
**URL: www.rivervalleypri.moe.edu.sg**

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

Parent's Name: \_\_\_\_\_

Parent of (Child's name): \_\_\_\_\_

Mdm Wong Li Peng

River Valley Primary School

Dear Mdm Wong,

**THE GROWING YEARS PROGRAMME FOR YEAR 2017**

1. I would like to withdraw my child, \_\_\_\_\_, of  
(full name of child)

\_\_\_\_\_ from the *Growing Years* programme for 2017.  
(class of child)

2. My reason(s) for my decision to opt my child out of the programme:

- Religious reasons (Religion : \_\_\_\_\_)
- 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)*