



RIVER VALLEY PRIMARY SCHOOL
2, River Valley Green Singapore 237993
Tel. 67371785, Fax. 67321951
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[*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): _____

Mdm Wong Li Peng

River Valley Primary School

Dear Principal

THE GROWING YEARS PROGRAMME FOR YEAR 2018

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

_____ from the *Growing Years* programme for 2018.
(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)