



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

[*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)