



# ROSYTH SCHOOL

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*Ready to Serve*

## Annex A

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

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

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

Mdm Elis Tan/Rosyth School

Dear Sir/Madam

### **OPTING OUT OF *GROWING YEARS (GY) PROGRAMME FOR YEAR 2017***

1. I have read and understood the content coverage and delivery of the Growing Years Programme in the school for 2017.
2. I would like to withdraw my child, \_\_\_\_\_ (Name), of \_\_\_\_\_ (Class) from the Growing Years Programme for 2017.
3. My reason(s) for opting out:
  - My child is too young.
  - I would like to personally educate my child on sexuality matters.
  - I am not comfortable with the topics covered in the GY Programme for this year.
  - Religious reasons
  - I have previously taught my child the topics in the GY Programme for this year.
  - I do not think it is important for my child to attend Sexuality Education lessons.
  - Others: \_\_\_\_\_

4. Thank you.

\_\_\_\_\_  
Parent's Name & Signature

Contact Number: \_\_\_\_\_ Email (Optional): \_\_\_\_\_

