



ROSYTH SCHOOL

21 SERANGOON NORTH AVENUE 4
SINGAPORE 555855
Tel: 6481 2273 Fax: 6483 1102
Email: rosyth_sch@moe.edu.sg

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 2019

1. I have read and understood the content coverage and delivery of the Growing Years Programme in the school for 2019.
2. I would like to withdraw my child, _____ (Name), of _____ (Class) from the Growing Years Programme for 2019.
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): _____