



Woodlands Ring Secondary School

Responsibility. Respect. Resilience

Annex A

[Parent Opt-out Form – This section is applicable only if parents/ guardians of Secondary 1, 2, 4 and 5 students wish to opt their child/ ward out of the Growing Years programme.]

Date: _____

Parent's Name: _____

Parent of (Child's name): _____

Mrs Ng Siew Bee

Woodlands Ring Secondary School

Dear Principal

THE GROWING YEARS PROGRAMME FOR YEAR 2019

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

_____ from the *Growing Years* programme for 2019.
(class of child/ ward)

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

- Religious reasons
- My child/ ward is too young.
- I would like to personally educate my child/ ward on sexuality matters.
- I do not think it is important for my child/ ward to attend Sexuality Education lessons.
- I have previously taught my child/ ward 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/ Guardian's Name
& Signature

Contact No. (mobile)

Email address



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