

**Annex A: Opt-out Form for Sexuality Education Programme**

(To be completed by parents of Year 1 to 6 students)



**立化中学**  
**RIVER VALLEY HIGH SCHOOL**

6 Boon Lay Avenue  
Singapore 649961  
Republic of Singapore

Tel: (65) 65678115  
Fax: (65) 65677351  
Email: rvhs@moe.edu.sg

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

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

Mrs Teo Khin Hiang  
River Valley High School  
Dear Principal

**THE GROWING YEARS PROGRAMME FOR YEAR 2018**

**Acknowledgement of Letter – For all parents.**

I acknowledge receipt of letter from the school regarding the school's sexuality education, *Growing Years* programme, that will be taught in 2018. I have read the information provided on the content coverage and delivery of the programme.

\_\_\_\_\_  
*Parent's Acknowledgement: Name & Signature*

**Parent Opt-out Form –**

**Applicable only if parents wish to opt their child out of the Growing Years programme**

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. Child's Religion: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: M/F
4. Thank you.

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

\_\_\_\_\_  
*Contact No. (mobile)*

\_\_\_\_\_  
*Email address (optional)*