



MAYFLOWER SECONDARY SCHOOL

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ANNEX A

Date: 20 January 2018

Parent's Name: _____

Parent of (Child's name): _____

MDM LEE EET FONG
MAYFLOWER SECONDARY 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. Thank you.

Parent's Name & Signature

Contact No. (mobile)

Email address (optional)