



Boon Lay Garden Primary School
the Garden where diversity blossoms

Parent Opt-out Form

Note: Fill up only if you wish to opt your child out of the Growing Years Programme

Date: _____

Parent's Name: _____

Parent of (Child's name): _____

Mrs Christine Low
Boon Lay Garden Primary School

Dear Principal,

THE GROWING YEARS PROGRAMME (2022 & 2023)

1. I would like to withdraw my child, _____, of
(full name of child)
P ___ / _____ from "The Growing Years Programme".

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 Signature

Contact Number

Email address (optional)