



## Coral Primary School

## Parental Reply/Acknowledgement Form

(to be submitted to Form / co-Form Teacher **by Monday, 6 February**)

Name of Student: \_\_\_\_\_ ( ) Class: \_\_\_\_\_ (Reg No. \_\_\_\_\_)

**Part i: For All P5 & P6 Parents****THE GROWING YEARS PROGRAMME FOR YEAR 2017**

I acknowledge receipt of letter from the school dated on 01/02/2017 regarding the school's sexuality education, *Growing Years* programme that will be taught in 2017. I have read and understood the information provided on the content coverage and delivery of the programme.

\_\_\_\_\_  
*Parent's Name & Signature*\_\_\_\_\_  
*Contact No. (mobile)*\_\_\_\_\_  
*Email address (optional)***Part ii: For Parents who wish to opt their child out of GY**

[*Parent Opt-out Form – This section is 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 2017.  
(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)*