

**Coral Primary School**  
**Parental Reply/Acknowledgement Form**  
(To be submitted to Form Teachers **by Fri 2 Feb 2018**)

Name of Student: \_\_\_\_\_

Class: \_\_\_\_\_

**Part i: For All P5 & P6 Parents**

**THE GROWING YEARS PROGRAMME FOR YEAR 2018**

I acknowledge receipt of Coral Waves (February issue) regarding the school's sexuality education, *Growing Years* programme that will be taught in 2018. 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 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)*