



Date

Parent's Name
Parent of (Child's name)
Home Address

Principal / School

Dear Sir/Madam

OPTING OUT OF GROWING YEARS (GY) SERIES

1. I have read and understood the content coverage and delivery of the GY series in the school for (year).
2. I would like to withdraw my child, (full name of child), of (class of child) from (Please check one box ONLY)

- The entire GY Series, or
- Topics/ Lessons from the GY Series:

(List topics/lessons)

3. My reason for opting out is

Parent's Name & Signature
IC No:
Contact Number: