

Date

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

Principal / School

Dear Sir/Madam

**OPTING OUT OF *GROWING YEARS (GY) SERIES***

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: