

Date

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

Principal / School

Dear Sir/Madam

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

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

4 For your information and action, please.

5 Thank you.

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

**Other versions (Malay, Chinese and Tamil versions) are also available on school's website.*