



新加坡海星中学(附小)  
MARIS STELLA HIGH SCHOOL (Pri)

80 Bartley Road Singapore 539786  
Tel: 62827743 Fax: 62827905 Email: mshp@moe.edu.sg  
School Website: http://www.marisstellahigh.moe.edu.sg



Student's Name: \_\_\_\_\_ ( )

Class: P 6 \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_



**CONSENT FORM : THE *GROWING YEARS PROGRAMME* for Year 2017**

I acknowledge receipt of the school's letter regarding *Growing Years Programme* that will be taught in 2017. I have read the information provided on the content coverage and delivery of the programme.



- I consent to my child participating in the *Growing Years Programme*.

**OR**

- I would like to withdraw my child from the *Growing Years Programme*.

My reason(s) for my decision to opt my child out of the programme:

- 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.  
 Religious reasons. (Please state religion: \_\_\_\_\_)  
 Others:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Contact No. (mobile)

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Diligence

Determination

Loyalty  
Dedication

Courage