Please ONLY use this form if you wish to withdraw your child.

APPENDIX 3: Parent form: Withdrawal from Sex Education within RSE

TREVOR-ROBERTS SCHOOL

TO BE COMPLETED BY PARENTS			
Name of child		Class	
Name of parent		Date	
Reason for withdrawing from sex education within relationships and sex education			
Any other information you would like the school to consider			
Parent signature			

TO BE COMPLETED BY THE SCHOOL	
Agreed actions from discussion with parents	