**Right to withdraw from Sex Education lessons**

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| **TO BE COMPLETED BY PARENTS** |
| Name of child |  | Form |  |
| Name of parent |  | Date |  |
| Reason for withdrawing from sex education within RHSE |
|  |
| Any other information you would like the school to consider |
|  |
| Parent Signature |  |

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| **TO BE COMPLETED BY THE SCHOOL** |
| Agreed actions from discussion with parents  |  |
| Date |  |
| Signed |  |