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| 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 |  |

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