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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 |  | | |

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