Parent/Carer Withdrawal Form from Sex Education included in RSHE

TO BE COMPLETED BY PARENT/CARER			
Name of child		Class	
Name of Parent		Date	
Reason for withdrawing from Sex Education as part of Relationships, Sex and Health Education:			
Any other information you would like the school to consider:			
Parent signature			

TO BE COMPLETED BY SCHOOL	
Agreed actions from discussion with parents	

CASTLEWAY PRIMARY SCHOOL