**Parent Form: Withdrawal from a Sex Education Lesson or Lessons Within RSHE**

Please email the form to XXX at least a week before the lesson/s concerned.

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| **To be completed by parent/carer** | | | |
| Name of child |  | | |
| Year group |  | | |
| Name of parent/carer |  | | |
| Reason for withdrawing from Sex Education within Relationships & Sex Education |  | | |
| Date of lesson/s to withdraw child from. |  | | |
| Parent/carer signature |  | Date |  |
| Best times for school to phone me about this. |  | | |
| **To be completed by the school** | | | |
| Agreed actions from discussion with parent/carer |  | | |
| Staff name |  | | |
| Staff signature |  | Date |  |