

****Right to Withdrawal Parent Request form**

**STOKE BISHOP C OF E Primary SCHOOL**

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| **TO BE COMPLETED BY PARENTS** |
| Name of child |  | Class |  |
| Name of parent |  | Date |  |
| Reason for withdrawing from the non-statutory/non-science components of sex education within RSHE only |
|  |
| Any other information you would like the school to consider |
|  |
| Parent signature |  |
|  |
| **TO BE COMPLETED BY THE SCHOOL** |
| Agreed actions from discussion with parents |  |

*“Believing it’s Possible”*