FORM FOR PARENTS/CARERS TO WITHDRAW CHILDREN FROM THE SEX EDUCATION COMPONENTS OF THE RHSE CURRICULUM

TO BE COMPLETED BY PARENTS			
Name of Child		Class	
Name of Parent/Carer		Date	
REASON (S) FOR WITHDRAWING FROM SEX EDUCATION WITHIN RELATIONSHIPS, HEALTH & 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			
Signed by EHT/DHT Date			te

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