

## Appendix 2: Parental request for withdrawal from Sex Education

TO BE COMPLETED BY PARENTS			
Name of Child		Class	
Name of Parent		Date	
Reason for withdrawing from Sex Education within the Relationships, Health and Sex Education Curriculum			
Any other information you would like school to consider			
Parent Signature			
TO BE COMPLETED BY SCHOOL			
Agreed actions from discussions with parent			
Class Teacher Made Aware		Date	