

**Working, Learning, Caring together in God’s love**.

Request for withdrawal from an RSE session

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| Name of Pupil:  Year: |
| Title of session: |
| Below please state the reason/s you would like your child to be withdrawn from a particular RSE session. The reason we ask you to provide this information is so that we are better informed as a school to understand parents point of view. We have received your request we will contact you to discuss your request. Thank you for your cooperation and understanding. |
| Reason for withdrawal: |

Parent/Carer signature:

Date: