## Appendix 2: Sex Education 'opt-out' form

Name of student:			
Team:			
	• .	sh to withdraw your child and Health Education pro	
Which sex education	topics do you wish to wit	hdraw your child from?	
2. Why do you wish to w	vithdraw your child from t	hese topics?	
3. How do you intend to	provide information and	guidance on this topic(s)	at home?
further with Assistant Prin	ncipal (Richard Gouland) ïrm that your child will no	ed into the Academy to di and Associate Assistant t take part in any lessons s taken place.	Principal (Rebecca
education' when they are	within 3 terms of their 10 ramme to inform them of	back in to learning about 6 <sup>th</sup> birthday. If this is the carterists they have missed. 20).	ase, the Academy will
For further information, p	lease see the Academy F	Relationships, Sex and He	ealth Education policy.
Date of meeting:			
Meeting with:			
Following this meeting I o	do / do not want to withdr	aw my child from sex edu	cation.
Printed name:		Relationship with child:	
Signed:		Date:	