

SRE withdrawal consent form

Nyland school

To be completed by parents/carers	
Date:	
Name of pupil: Class:	
Which non-statutory lessons would you like your child to be withdraw from?	
Any other information you would like the school to consider?	
Parent signature	
To be completed by the school	
Date:	
Agreed actions after discussing with Head teacher:	
Head teacher signature (approving withdrawal)	