



Protocol for parent/carer requesting to withdraw their child from Religious Education

TO BE COMPLETED BY PARENT	
Name of child	Year Group/ Tutor Group
Name of parent	Date
Are you withdrawing your child from all Religious Education classes? If so, please specify which ones you do not wish your child to attend – the curriculum is on the website.	
Is there any other information you would like the school to consider?	
Parent signature	
TO BE COMPLETED BY SCHOOL	
Agreed actions from discussions with parents	
Staff signature	Date