## Parental Right to Withdraw from Sex Education at Chenies School

| Name   | of Child:   |
|--|---|
| Current Year Group:                            |   |
| Parent/Carer statement: (please tick and sign) |   |
|  | I do not wish my child to take part in Sex Education Lessons for this academic year (September 2020 - July 2021) at Chenies School, as is my right based on guidance issued by the secretary of state as outlined in section 405 of the Education Act 1996. |
|  | I have met with the Headteacher to talk through any concerns I may have, and I have made an informed choice about whether to exercise the right to withdraw my child.   |
|  | I am aware that I do not have the right to withdraw my child from PSHE which includes statutory Relationships Education and Health Education (including the changing adolescent body/puberty).  |
|  | I know that I am also unable to withdraw my child from the science curriculum which also includes content on human development, including reproduction.   |
|  | I know that it is highly recommended that all students receive the full PSHE curriculum.  |
| Name   | of parent/carer:  |
| Signatı  | ure of parent/carer:  |
| Date si  | igned:  |
| Admin  | use only:   |
| Date fo  | or review   |
| (in 12 i                                       | months, or the start of the following academic year – whichever is sooner)  |