

RELIGIOUS EDUCATION PARENTAL RIGHT TO WITHDRAW FORM**TO BE COMPLETED BY THE PARENTS**

Name of pupil		Tutor Group	
Name of parent / carer		Date	
Reason for withdrawing from Religious Education within AROE lessons.			
Please include the arrangements you intend to make for alternative study during this lesson time:			
Any other information you would like the school to consider:			
Parent / carer's Signature			

TO BE COMPLETED BY THE SCHOOL

Agreed actions from discussion between Head Teacher and parent/carer	
Date implemented:	
Monitored by:	
Date of Review:	

**PLEASE RETURN THE COMPLETED FORM TO THE HEAD TEACHER,
MR DAVID WRIGHT (dwt@woodlandsschool.essex.sch.uk)**