

Section 1: Pupil Details

Name of pupil: _____

Year group/class: _____

Section 2: Parent/Carer Details

Name of parent/carers submitting this request:

Relationship to pupil: _____

Preferred contact email: _____

Preferred contact phone number: _____

Section 3: Request for Withdrawal

(Please tick all that apply)

I request that my child be withdrawn from:

Religious Education

- ☐ **All RE**
- ☐ **Specific RE topics/units** (please specify):

Collective Worship

- ☐ **All collective worship**
- ☐ **Specific elements of collective worship** (please specify e.g. prayers, hymns, liturgical acts, assembly, particular speakers):

Section 4: Start Date

I request that withdrawal arrangements begin:

☐ Immediately

or

From (date): ____ / ____ / ____

Section 5: Confirmation

By signing below, I confirm that I am exercising my statutory right to withdraw my child from Religious Education and/or collective worship (delete as appropriate) understand that:

- I do not need to give reasons for this request;
- The school must implement this request promptly and without negotiation;
- This request will remain in place until I submit a written request to end or amend it.

Signature of parent/carers: _____

Date: ____ / ____ / ____

Section 6: School Use Only (to be completed by the school)

Date received: ____ / ____ / ____

Acknowledgement issued:

☐ Yes – date: ____ / ____ / ____

Arrangements begin: ____ / ____ / ____

Alternative arrangements provided:

Recorded in confidential register:

☐ Yes – date: ____ / ____ / ____

Name of staff member processing request: