Bloomfield Collegiate School

Request for Withdrawal from Religious Education

This form allows parents/carers to exercise their statutory right to withdraw their child, wholly or partially, from Religious Education (RE). Parents are not required to provide a reason for their request. [2026 09 -…with CSTS) | PDF]

Section 1: Pupil Details

Pupil Name: _____

Year Group / Registration Class: _____

Date of Birth: _____

Section 2: Parent/Carer Details

Name of Parent/Carer Making Request: _____

Relationship to Pupil: _____

Email Address: _____

Telephone Number: _____

Section 3: Request for Withdrawal

Please tick all that apply.

Religious Education (RE)

☐ Withdraw from **all Religious Education**

☐ Withdraw from **specific RE topics/units** only

Please specify:

Collective Worship

☐ Withdraw from **all Collective Worship**

☐ Withdraw from **specific elements of Collective Worship** only

Examples may include prayers, hymns, liturgical acts, assemblies, or particular guest speakers.

Please specify:

Section 4: Start Date

I request that the withdrawal arrangements begin:

☐ Immediately

OR

☐ From: ____ / ____ / _____

Section 5: Parent/Carer Declaration

By signing below, I confirm that I am exercising my statutory right to withdraw my child from Religious Education and/or Collective Worship. I understand that:

- I am not required to provide reasons for this request.
- The school will implement the request promptly and without negotiation.
- The withdrawal will remain in place until I submit a written request to amend or end it. [2026 09 -…with CSTS) | PDF]

Signature of Parent/Carer: _____

Date: ____ / ____ / _____

School Use Only

Date Received: ___ / ___ / _____

Acknowledgement Issued: ☐ Yes

Date Acknowledged: ___ / ___ / _____

Withdrawal Arrangements Begin: ___ / ___ / _____

Alternative Arrangements Provided

Confidential Register

☐ Recorded in Confidential Register

Date Recorded: ___ / ___ / _____

Staff Member Processing Request: _____

School Contact

Bloomfield Collegiate School
Please return this completed form to the Principal or designated Senior Leadership Team member.

Email: _____

Telephone: _____

Office Use Reference Number (if applicable): _____