

PLEASE FILL OUT BOTH PARTS OF THIS CARD

Church File

School _____ Home Room No. _____ Grade or Term _____

REQUEST FOR RELEASE FOR RELIGIOUS EDUCATION

In accord with Section 3210 (2B) of the State Education Law and the regulations of the Commissioner of Education, I hereby request the release of my child during regular school time for religious education.

Name of Pupil _____ Address _____

Church, Synagogue or Parish where pupil belongs _____

Church, Synagogue or Parish where pupil will attend religious education _____

Date _____ Phone _____ Signature of Parent or Guardian _____

Email Address _____

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Parental Authorization Form

I give my permission for _____ to participate in the activities at the School Bell Apartments, Vernon during the Faith Formation classes' release time.

Name of Pupil

Signature of Parent or Guardian

Date