



I wish my child to attend the following special religious education program

Student name: _____ Year: _____

Special religious education program: _____

Signature of Parent: _____ Date: _____

OR

I wish to withdraw my child from special religious education

Student name: _____ Year: _____

I do not wish my child to attend any of the school's SRE programs provided by approved providers of SRE.

Signature of Parent: _____ Date: _____