RIS FORM C (1) - Parent Notice for Religious Instruction in School Hours

Dear Parent/Caregiver,

Would you please give your consent below to participate in our co-operative religion class or alternately if you wish to withdraw your child from their allocated class, please complete and return form below.

If you would like more information about this program you can find this on our school website or you can contact the school on telephone 5439 6777.

Regards

Principal

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Participation in Religious Instruction

Student Name: ____________________________   Year: _____   Group _____

I wish my child to attend the co-operative religious instruction program offered at Glenview State School.

Signature of Parent: ____________________________   Date: _____________

Or

Withdrawal from Religious Instruction

Student Name: ____________________________   Year: _____   Group _____

I do not wish my child to attend the co-operative religious instruction program offered at Glenview State School.

Signature of Parent: ____________________________   Date: _____________