AMERICAN LEADERSHIP ACADEMY

RELEASED TIME RELIGIOUS INSTRUCTION

Parent/Guardian Consent and Request Form

School: _____

School Year: _____

Student Information

Student Name: _____

Grade: _____

Teacher/Homeroom: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Phone: _____

Email: _____

Request for Excused Absence

I request that my child be excused from school to participate in Released Time Religious Instruction in accordance with North Carolina General Statute § 115C-407.45.

Religious Instruction Provider (Organization):

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Location of Instruction:

Requested Day(s):
☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday

Time Student Will Leave School: _____

Time Student Will Return to School: _____

Beginning Date: _____

Ending Date (if applicable): _____

Parent Acknowledgements

By signing below, I acknowledge and agree to the following:

☐ I am requesting that my child be excused from school to participate in Released Time Religious Instruction.

☐ I understand that participation is voluntary.

☐ I understand that I am solely responsible for arranging and providing transportation to and from the location where the religious instruction occurs.

☐ I understand that the school is not responsible for my child while he or she is participating in Released Time Religious Instruction.

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☐ I understand that my child is responsible for completing all schoolwork and assignments missed during the excused absence.

☐ I understand that written documentation verifying my child's attendance at the religious instruction must be submitted to the school for each day my child is absent.

☐ I understand that excused absences for Released Time Religious Instruction may not exceed four (4) hours during a single calendar week.

☐ I understand that approval of this request is limited to excusing my child's absence and does not constitute sponsorship or endorsement of the religious instruction by the school.

Parent/Guardian Signature

Parent/Guardian Name (Printed): _____

Signature: _____

Date: _____

School Use Only

Date Request Received: _____

☐ Approved

☐ Denied

Reason for Denial (if applicable):

Director Signature:

AMERICAN LEADERSHIP ACADEMY

Date: _____

Attendance Code: _____