



## 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):

\_\_\_\_\_

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.
- ☐ 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.



does not constitute sponsorship or endorsement of the religious instruction by the school.

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### Parent/Guardian Signature

Parent/Guardian Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### School Use Only

Date Request Received: \_\_\_\_\_

☐ Approved

☐ Denied

Reason for Denial (if applicable):

\_\_\_\_\_

Director Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Attendance Code: \_\_\_\_\_