

RELEASE TIME CLASSES
Beginning Thursday, October 4, 2007

This is for the Bible Release Time file

I desire my son () /daughter () to attend
Release Time Classes

Child's Name _____

Address _____

Age____ Grade _____ Birth Date _____

Phone # _____ Teacher _____

Signed _____

This form is for the school file:

I desire my son () daughter () to attend
Release Time Classes

Child's Name _____

Address _____

Age____ Grade _____ Birth Date _____

Phone # _____ Teacher _____

Signed _____