

PERMISSION FOR THE RELEASE OF STUDENT TO ATTEND

Class Is Open to ALL 3rd, 4th, 5th and 6th Grade Students

“RELEASED TIME CHRISTIAN EDUCATION” CLASS

(Please Print Clearly)

I hereby give my permission for _____ to be released from Country Springs Elementary School for the Released Time Christian Education training program. I am acknowledging that my child will attend the program on Monday of each week beginning on November 5, 2018 and ending May 6, 2019. I am consenting that my child will be met in the school office and signed out at 1:20 p.m., and will be returned and signed in at the office by 2:20 p.m. by the Released Time volunteers, Nickie Bennett; (909)247-6127 and Gail Shepherd; (909)731-2854. My child will be walked to the nearby shuttle bus in front of or near the school for this educational training. ***The shuttle bus will be used as a mobile classroom and no children will be driven on the bus. Space will be limited to 22 seats!***

Student Name _____ Grade _____ Teacher Name _____

Address _____ City _____ Zip _____

Parent/Guardian Phone Number(s): Home _____ Cell _____

I will advise the Released Time volunteers regarding health issues which may impact my child while in their care:

Student Health Issue(s): _____ Recommendation: _____

(Please Check appropriate box and Sign Below)

Released Time Christian Education occasionally photographs the children in the program. Their pictures may be used in our: annual newsletter, brochure, website or social media. At times, the children’s first names and comments may also be included. If you agree to allow your child to be included in pictures, please do so by circling the “I Agree”. Photographs will be used solely in the promotion of the Released Time program.

I Agree or I Disagree

In the event of an extreme campus emergency, and to insure the safety of students, the RTCE bus may be driven to the nearest police/sheriff /fire station or the schools off campus evacuation site. When the campus emergency has returned to normal, the School Office Staff will notify the bus driver and return students to school. Students will then be checked out of RTCE and the School Office Staff will direct students and parents.

I have read and completed the above information and by my written permission, agree that my child may participate in the Released Time Christian Education Program.

Signature of Parent/Guardian _____ Date _____

California State Education Code 46014
Chino Valley Unified School District Board Policy 5113

STUDENTS WILL BE ENROLLED ONLY WITH WRITTEN PARENT/GUARDIAN PERMISSION
EARLY REGISTRATION GUARANTEES YOUR CHILD A SEAT ON THE BUS!
ADDITIONAL STUDENTS WILL BE PLACED ON A WAITING LIST

For more program information and answers to Frequently Asked Questions, please visit our web site:
www.chinovalleyreleasedtimechristianeducation.org

PLEASE RETURN COMPLETED FORM TO THE RELEASED TIME FOLDER IN SCHOOL OFFICE