



Scripture Classes

Student Name:		Class:	
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Dear Parents,

Please read the following information and place your child into the scripture class you would like them to attend. Please tick **one** box only and be aware that they will be placed in this class until the school is otherwise notified.

I give permission for my child to attend:	YES
<ul style="list-style-type: none"> • <u>Catholic</u> Scripture 	

I give permission for my child to attend:	YES
<ul style="list-style-type: none"> • <u>Protestant</u> Scripture 	

I give permission for my child to attend:	YES
<ul style="list-style-type: none"> • <u>Baha'i</u> Scripture 	

I give permission for my child to attend:	YES
<ul style="list-style-type: none"> • <u>Non Scripture</u> 	
<ul style="list-style-type: none"> • If you have selected Non Scripture would you like your child to be placed on a list for <u>Ethics</u> classes if and when they are available or there is a vacancy. 	

Signed _____
(Parent/Guardian)

Date _____

Please return this completed form to the school office.