

**ST. MARY'S/ST. PETER'S FAITH FORMATION PROGRAM**

**Laura M. Mack, D.R.E.**  
**200 N. James St, P.O. Box 627**  
**Rome, NY 13440**

**Phone: (315) 336-5066/335-3441**  
**Email: [spcdre@twcny.rr.com](mailto:spcdre@twcny.rr.com)**  
**Website: [www.smspfaith.com](http://www.smspfaith.com)**

Dear Parents:

In order for your child to attend Release-time classes and receive busing to school, it is necessary for you to complete the form below for **EACH** child. Cut and return the SCHOOL COPY directly to your child's school. Return the CHURCH COPY to St. Peter's with the registration forms by September 9. Please sign both portions and provide all information requested. If you have any questions regarding individual parish programs, you may contact me at the above address or phone.

Laura M. Mack

**SCHOOL COPY** (Please print)

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Address: \_\_\_\_\_

My child will attend religious education classes at ST. PETER'S CHURCH, 200 N. James St., Rome, NY

In keeping with Section 625-B 2 of the Education Law of 1940 and the subsequent rules established by the Commissioner of Education under date of 7/1/40, I hereby make formal request for the release of my child during regular school time for religious education.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Contact Person and/or Work Phone*

**CHURCH COPY** (Please print)

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Address: \_\_\_\_\_

My child will attend religious education classes at ST. PETER'S CHURCH, 200 N. James St., Rome, NY

In keeping with Section 625-B 2 of the Education Law of 1940 and the subsequent rules established by the Commissioner of Education under date of 7/1/40, I hereby make formal request for the release of my child during regular school time for religious education.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Contact Person and/or Work Phone*