

ST. PETER'S FAITH FORMATION PROGRAM

Laura M. Mack, Pastoral Associate
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Dear Parents:

In order for your child to attend Release-time classes, 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. Please sign both portions and provide all information requested. If you have any questions regarding individual parish programs, you may contact by phone or email.

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

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