

REQUEST FORM FOR BIBLE RELEASE-TIME CLASS

(It's FREE.)

Dear Principal,

I hereby request that my child be released from school approximately one hour per month to attend Bible Release-time classes in facilities beside the school under the supervision of BREAK. (Bible Release-time Education Association of KY.) School: _____

Child's Name: _____

Grade: _____ Teacher: _____

Address: _____

Email: _____

Phone: _____

Work Phone: _____

Name of Church you attend: _____

Sign Here: X _____ Date: _____
(Signature of Parent or Guardian)

I also give permission for my child's picture to be taken and used to

publicize this program. **Signed:** X _____
(Signature of Parent or Guardian)

BREAK Board Members* and Advisors:
Glenna Cordell*
Bill* and Lori Jones
Jenni Lou* and Brent Jackson
John* and Julie Lowder
James* and Virginia McDonald
Josh* and Stephanie Pollitt
Angela* and Les Williamson



Please return this form to the school office.

Or, mail it to:

**BREAK
435 Marvel Road
Corbin, KY 40701**

www.KYReleaseTime.org

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