

REQUEST FORM FOR RELEASED TIME BIBLE EDUCATION

Dear Principal _____,
(Your Child's Principal)

I hereby request that my child _____
(Your Child's name)

be released from school for up to one hour per week to attend Released Time Bible Education classes in facilities off the school grounds under the supervision of KRTBEA, Inc. (Kentucky Released Time Bible Education Association, Inc.)

Child's Grade: _____

Child's Public School Teacher: _____

Home Address: _____

Home Phone # _____

Work Phone # _____

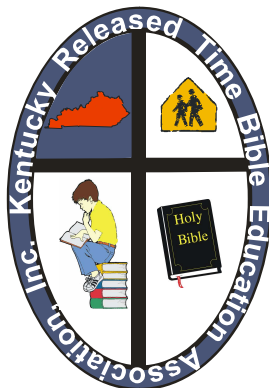
Cell Phone # _____

Emergency Contact Person: _____

Emergency Contact Phone # _____

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

KRTBEA, Inc. Board Members & Advisors:
J.D. and Janet Blankenship
Johnnie and Maxine Bunch
Brent and Jenni Lou Jackson
John and Julie Lowder
James and Virginia McDonald



Please return to:
Your child's principal

Or mail to:
KRTBEA, Inc.
435 Marvel Road
Corbin, KY 40701