

PLEASE PRINT

**PARENT REQUEST
RELEASED TIME RELIGIOUS EDUCATION
DIOCESE OF ALBANY**

To the Principal of _____ School.
(Name or Number)

I desire my child _____
(Name)

Grade _____ to be excused to attend regular class work in the
Released Time Religious Education Program.

Date _____ Parent (Guardian) _____
Address _____ City _____

NOTE: File this card with the principal or teacher in Public School.

(Fill in both sections, DO NOT detach)

**ENROLLMENT CARD
RELEASED TIME RELIGIOUS EDUCATION
DIOCESE OF ALBANY**

NAME _____ GRADE _____
SCHOOL _____
PARENT OR GUARDIAN _____
ADDRESS _____ PHONE _____
PARISH _____
DATE OF ENROLLMENT _____
REMARKS _____

NOTE: File this card with the parish catechetical leader.