Bible Study Permission Slip

Activity: __7th & 8th Grade Girls - Blaze____

Day: _______1st & 3rd Tuesdays_____

Time: _______3:15-4:15PM_____

Designated Parish Employee Supervisors:

____________________Susan Peaden____________________

____________________James Reding____________________

Students will be responsible for following school / parish rules and expectations while participating in after school Bible Study. When the designated activity is finished, students will be signed into extended care unless a parent/designee is present to pick up the student at SHCS. As the parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your child.

I hereby consent to participation by my child, ______________________________ in the event or activity described above and release the Diocese of Pensacola-Tallahassee from any liability that may occur as a result of this activity. I understand that my child will be under the supervision of the designated parish employee on the dates stated above. I further consent to the conditions stated above for participation in this event or activity.

Parent Signature: _____________________________________________ Date: ____________

Student Signature: ____________________________________________ Date: ____________

Parent contact name: __________________________________________

Parent email address: _________________________________________

Parent cell phone #: _________________________________________
Bible Study Permission Slip

Activity: 6th, 7th & 8th Grade Boys Bible Study

Day: 2nd & 4th Tuesdays

Time: 3:15-4:15PM

Designated Parish Employee Supervisor:

____________ James Reding ____________

Students will be responsible for following school / parish rules and expectations while participating in after school Bible Study. When the designated activity is finished, students will be signed into extended care unless a parent/designee is present to pick up the student at SHCS. As the parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your child.

I hereby consent to participation by my child, ______________________________ in the event or activity described above and release the Diocese of Pensacola-Tallahassee from any liability that may occur as a result of this activity. I understand that my child will be under the supervision of the designated parish employee on the dates stated above. I further consent to the conditions stated above for participation in this event or activity.

Parent Signature: ___________________________________________ Date: ____________

Student Signature: ___________________________________________ Date: ____________

Parent contact name: __________________________________________

Parent email address: __________________________________________

Parent cell phone #: __________________________________________