



**Released Time Bible Class Student Permission/Registration Form**

School \_\_\_\_\_  
Student Name \_\_\_\_\_  
Semester Enrolled Fall \_\_\_\_\_ Spring \_\_\_\_\_  
Grade \_\_\_\_\_ DOB \_\_\_\_\_

**Permission to Leave School to Attend Released Time Religious Instruction**

Sponsoring Organization: Coastal School Ministries (Christian Released Time Bible Education)

Responsible Party: Coastal School Ministries Board of Directors Phone: 843-213-7452

Location of Released Time Religious Instruction: \_\_\_\_\_

Please permit my child, \_\_\_\_\_, to leave \_\_\_\_\_ and attend released time religious instruction under the conditions set forth on this permission form. My child will be transported off school property to a host facility and returned on time by the sponsors of the released time program. The sponsors will carry liability insurance and will be legally responsible for my child when he/she is off District property for the program.

If any emergency, medical procedures, or treatment are required while my child is going to, participating in, or returning from the released time program, I consent for my child to be transported (or for transportation to be arranged for my child), and for my child to receive medical treatment at my expense.

I release, waive, and further agree to indemnify, hold harmless, or reimburse the Horry County Board of Education, the individual members, employees, and representatives thereof, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm, or corporation, may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during, or in connection with my child's participation in released time for religious instruction, or the rendering of emergency medical procedures or treatment, if any.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State SC Zip \_\_\_\_\_

Phone #'s—Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Student health issue and/or special needs \_\_\_\_\_

Student's Church (if applicable) \_\_\_\_\_

**Emergency Contact Information**

Name of contact if parent/guardian are unavailable \_\_\_\_\_

Phone #'s \_\_\_\_\_ Relationship to student \_\_\_\_\_

Coastal School Ministries offers classes without regard to race, religion, sex, national origin, or handicap. All students must have parental permission and be escorted off school property and returned each period by Coastal School Ministries' staff. Coastal School Ministries carries all necessary insurance and is legally responsible when students leave school property. Classes are offered during the school day, however, *Coastal School Ministries in not part of the public schools*. The school does not endorse or oppose Coastal School Ministries however, they accommodate the wishes of parents to release their children for its classes.

By signing below, I understand that Coastal School Ministries has adopted the discipline code of my child's school and that my child may be removed from the Coastal School Ministries' program for violations. I hereby give Coastal School Ministries, their legal representatives and assigns, those acting with permission, or their employees, the right and permission to copyright and/or use and/or publish, and republish photographic pictures of my child, including the use of any printer matter in conjunction therewith.

**I request that my child be released from school during an elective class period to attend Christian Education class offered by Coastal School Ministries.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>I would like to be contacted for volunteer, partner, and/or sponsorship opportunities:</b></p> <p>Yes                      No</p>
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