

**St. Peter & St. Patrick School of Religious Education**

**Authorized individuals that have permission to collect  
children from Religious Education Class.**

Parent Name:\_\_\_\_\_Contact #:\_\_\_\_\_

Parent Name:\_\_\_\_\_Contact #:\_\_\_\_\_

Child / Children's Name (s):\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the names of the individuals that you are giving permission to collect your children from Religious Education Class. (One person minimum, three people maximum.)

Authorized person # 1: \_\_\_\_\_

Authorized person # 2: \_\_\_\_\_

Authorized person # 3: \_\_\_\_\_

Thank you for helping us to make Religious Education a safer place for our children, teachers, and parishioners.