

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.