

St. Luke the Evangelist Church

Office of Religious Education

Permission to release student to a Third Party

I, _____, hereby
give my (Print Name)

Give my permission to St Luke's to allow the following people to transport my
child from religious education classes:

Name of Responsible

Party/Parent: _____

Relationship: _____ Cell/Phone: _____

Name of Responsible

Party: _____

Relationship: _____ Cell/Phone: _____

IMPORTANT: Please complete a separate form for each student.

Student Name: _____

Grade/Class/Day: _____

Teacher Name: _____

Room Number: _____

Parent Signature: _____

Date: _____