

**Released-Time Bible Education Student Registration/Permission Form**

**\*\* Forms accepted only by mail to our PO Box 163 or SITW Table at Registration \*\***



School: **Waccamaw Middle School**

School Term: **2020-2021**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

**Permission to leave school to attend Released-Time Religious Instruction**

Sponsoring Organization: Students in the WORD, Inc. (Christian Released-Time Bible Education)

Responsible Party: Students in the WORD Board of Directors/Executive Director, Jennifer Kaylor 843-318-6362

Mailing Address: PO Box 163, Pawleys Island, SC 29585

Location of Instruction: St. Paul's Waccamaw UMC, 180 St. Paul's Place, Pawleys Island, SC 29585

Please permit my child, \_\_\_\_\_, to leave Waccamaw Middle and attend Released-Time Religious Instruction under the conditions set forth on this permission form. My child will be escorted off school property 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 Georgetown County School District, 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.

Print name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Mailing 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: \_\_\_\_\_

Students in the WORD, Inc. 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 Students in the WORD staff. Students in the WORD carries all necessary insurance, and is legally responsible when students leave school property. Classes are offered during the school day, however *Students in the WORD is not part of the public schools*. The school does not endorse or oppose Students in the WORD, however they accommodate the wishes of parents to release their children for classes.

By signing below, I understand that Students in the WORD has adopted the discipline code of my child's school and that my child may be removed from the Students in the WORD program for violations. I hereby give Students in the WORD, 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 printed matter in conjunction therewith.

**I request that my child be released from school during an elective class period to attend a Christian Education class offered by Students in the WORD.**

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