| School use: | | | |
|-------------|---------|-------|-----------|
| | Teacher | Grade | RT period |

2025- 2026 Released Time Bible Education Student Enrollment Form

PLEASE COMPLETE ALL THREE (3) PAGES OF THIS FORM. IF ANY PART DOES NOT APPLY, PLEASE ENTER "N/A" IN THE BLANKS. INCOMPLETE FORMS WILL BE RETURNED.

| I. ATTENDANCE AND TRANSPO | PRTATION PARENTAL PE | RMISSION (REQUIRED) |
|---|--|---|
| (Print Student name) | the parent/guardian of the | |
| I understand that RTBE is a non-credit with religious and moral instruction. I unreplace required credit classes. Student RTBE classes. I also understand that the attend RTBE until he/she is withdrawn of | derstand that this class is responsible for schools is a permanent consent | not designed to conflict with o |
| I further understand that I can remove notice, and likewise, the program has disciplinary issues or for being disruptive discretion for dismissible offenses is up | the right to dismiss any selection to the right to dismiss any selection to the right to dismiss any selection to the right to the righ | student from the program for entract (see Part IV enclosed |
| I understand that the RTBE students ar liability insurance in the event of any er my child to attend RTBE for this schoo RTBE bus to and from school and the de | mergency. I understand the | at this consent form will allow |
| I hereby signify that I am over eighteen of the student identified above. | (18) years of age, and I ar | n the parent or legal guardiar |
| Parent Signature | Parent Name F | Printed |
| Street Address or P.O. Box | City | Zip |
| Phone #s: | Cell | _ |
| Best Email Address for Parent: | | |

| Student's T-shirt size (Circle No Youth Sizes | e one) | XS | S | М | L | XL | 2XL |
|--|---|--|---|--|--|-------------------------------|--|
| If you attend a Church, we w | ould lo | ve to k | now | | | | |
| Churches name | | | | | | | |
| II. PERMISSION TO TAP Please indicate below who permission to use or publish his/her image. I make my d used in publications, incl promotional literature, adver | ether yen on photo ecision uding | ou give graphs unders electro | e RTB s, video standin onic pu | E and s, or othing that the state of the sta | its lega her med nese ph ns, or | il represidia of minotograp | y student participant and hs and/or videos may be |
| YES, I give photographs of my child in c | • | | | | | | and volunteers to make |
| NO , I do not RTBE. | give pe | ermissi | on for I | my child | i to be | ohotogra | aphed in connection with |
| Parent Signature | | | | Date |) | | |
| III. STUDENT MEDICAL I, the parent/guardian, und emergency. However, per authorize treatment by a anesthesia, or surgery for m | erstand missior physic | d that n is he cian to | every reby g perfo | effort w ranted r rm ned | vill be r to the a cessary | nade to adult vo treatm | lunteer/staff of RTBE to |
| Parent Signature | | | | Stuc | lent Na | me Print | ed |
| Hospitalization insurance: | | oany | | | | | ! |
| | | <u>Healt</u> | h Cons | <u>siderati</u> | <u>ons</u> | | |
| Does your child have allerg | ies? | | If so | o, please | e list the | em: | |
| Does you child take prescrip | tion m | ediatio | on(s)? _ | | If so | o, please | e list them: |

| | | Emergency Contacts | |
|-----------------------------------|------------------------|---|----------------------|
| Primary Contact: | | Relationship to Student | Phone Number |
| Secondary: | | · | |
| | Name | Relationship to Student | |
| Family Physician Family Dentist: | | Phone #: Phone #: | |
| i aililly Delliist. | | FIIOHE # | |
| Preferred hospita | d: | | |
| | | | |
| | HAVIOR CONTRA | ACT reating others, students, and adults, a | s I would like to b |
| treated. | | | |
| I promise to fol | low the rules. | | |
| | | control, especially my anger. I will no | • |
| I will be hones met. | st in all my interact | tions. I will not lie, cheat, or steal in or | der to get my need |
| I will not bully RTBE teachers | | nd up for those being bullied and will | report bullying to m |
| I will be patient | t, forgiving, and fair | r. | |
| dismissal from | RTBE. I underst | Failing to follow the Behavior Co tand that any decisions regarding c le discretion of RTBE leadership. | |
| Parent Signature | | Student Signature | |

| Each year the RTBE Board sponsors a field tr attendance in the RTBE program for that school ye of the Great Commission of our Lord Jesus Chris (N | ear. These trips offer an exciting exploration |
|---|--|
| Each student who attends must be actively enrolled these field trips will be announced later; Field to November or December for winter sessions and | rips are usually held during the month of |
| I give my child, | , permission to attend the RTBE field |
| trip. I understand the date will be announced later. | • |
| Parent Signature | |

END-OF-YEAR FIELD TRIP PERMISSION FORM — Winter 2022 or SPRING 2023

٧.