Dear Parent/Caregiver

Pittsworth State School offers a Combined Churches of Pittsworth Cooperative Religious Instruction Program. We request that you please complete and return the below details (as soon as possible) to allow your child/ren to participate OR alternatively, to exclude them from these lessons. **Please note, your child/ren will be excluded until this form has been returned.**

If you would like more information about this program, please contact Wilma Proudlock, religious instruction coordinator on telephone 4693 3308.

Kind regards

Sue Hagley
Acting Principal

Privacy Notice
The Department of Education and Training is collecting this information in accordance with *Education (General Provisions) Regulation 2006*(Qld) Part 5 to determine student participation in a religious instruction program. The information will only be accessed by authorised employees within the department. Your information will be stored securely and will not be used or disclosed without your consent except as required or authorised by law.

---

I wish to **INCLUDE** my child/ren in the religious instruction program.

| Student Name: ________________________ | Year: ____ | Student Name: ________________________ | Year: ____ |
| Student Name: ________________________ | Year: ____ | Student Name: ________________________ | Year: ____ |

Please nominate your religion: ________________________________

Signature of Parent: _______________________ Date: _____________

---

- OR -

I wish to **EXCLUDE** my child/ren from the religious instruction program.

| Student Name: ________________________ | Year: ____ | Student Name: ________________________ | Year: ____ |
| Student Name: ________________________ | Year: ____ | Student Name: ________________________ | Year: ____ |

I do **not** wish my child to attend any of the programs provided by faith group/s at the school.

Signature of Parent: _______________________ Date: _____________