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**Children's Bible Ministries of Virginia**

**P.O. Box 1351 Culpeper VA 22701**

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Child's Last Name	First	Middle	Grade
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County	School	Teacher
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Please allow the pupil whose name is above to attend Release Time Bible class for 45 minutes once a month as long as the pupil stays in grades k-5 where CBM classes are offered or until permission is withdrawn by me.

I understand that my child will be transferred from public school supervision, control and liability to the supervision, control and liability of Children's Bible Ministries during the time he or she is attending or going to and from Release Time Classes. Photographs of my child may be used for non-profit, CBM promotional material.

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Signature of parent or Guardian	Date
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Address \_\_\_\_\_

Phone and/or email \_\_\_\_\_

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