Dear Parent/ caregiver,

Parents/caregivers in public schools have the right to have their children receive instruction in their preferred religious persuasion, where authorised teachers of that persuasion are available.

A special religious education program is available at the school and is run by authorised volunteers of approved religious persuasions.

Below is the list of approved special religious education programs provided at the school for 2020 additional details of SRE programs on offer at the school can be obtained from SRE providers. Contact details of SRE program coordinators can be provided by the school if required.

OPTIONS

Option 1: Catholic Option3: Protestant

Option 2: Islamic Option 4: No special religious education

Please nominate the special religious education program you wish your child to attend, or indicate that you wish to withdraw your child from special religious education, by completing and returning the tear-off form below.

Students continue in the same arrangement each year, unless a parent/caregiver has requested a change in writing. At any time, you have the right to change your SRE nomination or to withdraw your child from the nominated lessons. A note to the Principal will affect this change.

Regards,

Bahia Almir

Principal

**I wish my child to attend the following special religious education program**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special religious education program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Or**

**I do not wish my child to attend any of the school’s SRE programs provided by approved providers of SRE.**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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