

## Holy Spirit Catholic Church

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## Notification of Permission For Release For Religious Exercises & Instruction

		Date:	
	To: From:		
			(Name of High School)
		Parent na	me:
		Address:	
		Phone #:	
Re:	Re:	Student: _	
stated below As the parent vance of my Education C and herewith early dismiss I value the r	. It will at(s)/ leg child's ode second give real shall are the control at the co	I be occurrigal guardiante early dismittion 46014. In property of the deepend civic education	of Orange County is conducting an important religious event as ing during normal school hours and off school premises.  n(s) of
	Event/Program: CONFIRMATION RETREAT  Location: Oak Glen Christian Conference Center		
	Date:		39364 Oak Glen Rd, Yucaipa CA 92399 February 2, 2018
ipation in th	e above nd instr	named act uctions reg	above named child, hereby give my Permission for his/her particivities. I agree to direct my child to cooperate and conform with garding the permission to participate in religious exercises or to uction.
Parent/ Guai	rdian N	ame:	Home Phone:
Parent/ Guai	rdian's l	Signature: _	