ST. JOHNS PUBLIC SCHOOLS

Gateway North Elementary and Oakview South Elementary
Students will leave the school at 12:30 PM and return to school by 2:00 PM on the third Friday of each month, October through May, unless some new scheduling or weather conflicts arise. Students will be taken to classes held at First Baptist Church of Saint Johns.

Riley Elementary School
Students will leave the school at 2:00 PM and return to school by 3:30 PM on the fourth Wednesday of each month, October through April, unless some new scheduling or weather conflicts arise. Students will be taken to classes held at South Riley Bible Church.

For more information please contact:
Debbie Price
Phone: 517/526-9016
Email: debgp@sbcglobal.net

PLEASE RETURN PERMISSION SLIP TO SCHOOL OFFICE

Do you know what Released Time Bible Class is?

Released Time - A Michigan law that requires public schools to release children, who have written parental permission, for up to two hours per week to attend religious instruction Classes at a nearby location.

Bible - One of the oldest books in the world that millions of people still read every day! RBM Ministries is non-denominational in its teaching.

Class - Not just “fun and games”—but vital spiritual and character-building education in a happy, enjoyable setting.

History - We represent over 80 years of service to school-age children—one of America’s oldest Christian ministries, designed to reach and serve boys and girls of all ages, RBM Ministries serves many churches in your area. Please use the form below to enroll your child in a Released Time Bible Class.

Written Permission of Parents for 2019-2020

(Please fill this out and give it or send it to designated person(s) printed on reverse side)

To: ___________________________ School Name ___________________________ Teacher’s Name

In accordance with Michigan law, I request that my child, ___________________________, be released from school once each month to attend religious instruction class conducted by RBM Ministries during the 2019-2020 school year. The total released time is not to exceed two hours each month.

(Please see the reverse side of this slip for additional information concerning this Class.)

Signature of Parent / Guardian ___________________________ Date Signed ___________________________

Please print name ___________________________

Address _____________________________________________________________________________

City ___________________________ State ___________________________ Zip ___________________________