Parent Notice for Religious Instruction in School Hours  
Andergrove State School

PART A
Family Name: ____________________________ Religion __________________ (optional)

Student Name/s: __________________________________________________________________________

PART B  Parent to select and complete relevant option.

Member of a faith group providing religious instruction

Religion ________________________________

I have been informed and understand that my child will be allocated to the relevant program of religious instruction being provided at this school which is a Cooperative Program.

Signature: _____________________________ Date: ______________

Listed below is the list of religious instruction programs being provided at this school.

Non-member of faith group/s providing religious instruction

Although not a member of the participating faith group/s I wish my child to attend the religious instruction program titled ________________________________.

Signature: _____________________________ Date: ______________

Withdrawal from religious instruction

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

Signature: _____________________________ Date: ______________

Programs of Religious Instruction Available at Andergrove State School

The religious instruction programs provided at this school by approved instructors of faith groups who visit the school are:

“Beginning With God” – Connect
“Connect” or “Walk With Me”