**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 (SRE) is available at the school and is run by authorised volunteers of approved religious persuasions.

Our records indicate that (insert student name here)’s **religious persuasion was not nominated on enrolment**/**nominated religious persuasion is not available as a SRE program at the school** (select appropriate).

Below is the list of approved SRE programs provided at the school for (insert calendar year here). 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** (insert options available at the school) |
|  |  |
|  | *Option 1* |
|  |  |
|  | *Option 2* |
|  |  |
|  | *Option 3* |
|  |  |
|  | *Option 4* |
|  |  |
|  | *Option 5* |
|  |  |
|  | *Option 6* |

Please nominate the SRE program you wish your child to attend, or indicate that you wish to withdraw your child from SRE, 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,

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 wish to withdraw my child from special religious education**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year:** \_\_\_\_\_\_\_\_\_\_\_

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

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