



14072 Olive Street, Westminster, California 92683  
(714) 892-4489 ▪ (714) 893-3320 ▪ faithformation@bsc-od.org

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

**To:** \_\_\_\_\_

**From:** Parent name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ **Date:** \_\_\_\_\_

**Re:** Student: \_\_\_\_\_

The Roman Catholic Diocese of Orange County is conducting an important religious event as stated below. It will be occurring during normal school hours and off school premises.

As the parent(s)/ legal guardian(s) of \_\_\_\_\_, I am notifying you in advance of my child's absence from school for a religious purpose pursuant to California Education Code section 46014. I attest that my child will be absent for that purpose and herewith give my consent. Pursuant to Education Code section 46014, I believe that such absence shall not be deemed an absence in computing average daily attendance.

I value the moral and civic education of my child. Thank you for your cooperation. If you have any questions, please contact me at the number listed above.

**Event/Program:** BREAKTHROUGH Confirmation 2 Retreat  
**Location:** YMCA Camp Whittle  
31701 Rim of the World Dr., Fawnskin, CA 92333  
**Date(s):** Friday, October 13 – Sunday, October 15, 2023

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I, the Parent (guardian) of the above named child, hereby give my Permission for his/her participation in the above named activities. I agree to direct my child to cooperate and conform with directions and instructions regarding the permission to participate in religious exercises or to receive moral or religious instruction.

Parent/ Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_