



Dear Parents and Carers

Our school operates a Combined Religious Instruction Program which offers an informative, non-denominational instruction, run by experienced volunteers. This program is attended by all students with the exception of those students whose parents request their exclusion in writing.

Education Queensland's policy covering Religious Instruction in School Hours states that students must only attend Religious Instruction (RI) delivered by a representative of their nominated religious affiliation unless written consent is received from a parent agreeing to their inclusion in an alternative group.

As the Combined Religious Instruction group is an affiliation of the Anglican, Presbyterian, Christian Outreach, Catholics and Lutheran groups, students whose records indicate they are of one or other of the participating faiths will automatically be enrolled in the Combined Religious Education at school.

The lessons focus on:

- The basic teaching of the Christian Faith
- The relevance of the Christian Faith to everyday life
- Accepting people who hold other faith positions
- Encouraging Christian morals, such as, honesty, integrity and empathy

Students whose records state that they belong to an alternative religion or who have no nominated religion will be offered an alternative program supervised by a teacher during the rostered RI time, unless written permission is received from a parent to indicate that they wish their student to attend the Combined Religious Group.

To ensure that the student information relating to religious affiliation currently held on record at our school is up to date, we are asking all parents / carers to complete and return the form below and return it to the school.

Thank you for your assistance in this matter.

Rowie Price  
Principal

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### Religious Instruction Permission Form

Family Name: .....

Student's Name/s: .....

Year Level: .....

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Year Level: .....

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Year Level: .....

Religion: .....

I would like my child / ren to attend the Combined Religious Instruction Program  Yes  No

I would like my child / ren to be involved in Chaplaincy Activities  Yes  No

Signed: ..... Name (Please Print):.....