



Travelers Rest High School
GREENVILLE COUNTY SCHOOLS

REGISTRATION: HIGH SCHOOL BIBLE COURSE (a Social Studies Elective)

Parent/guardian must give their written consent to the principal by completing this form and forwarding it by fax or mail to the person designated below.

Hours/minutes and days of the released-time class period: 90 minutes a day
Time that the student will leave the high school: beginning of period assigned
Time that the student will return to the high school: end of period assigned

Name of the released-time entity: Christian Learning Centers of Greenville County (CLC) the requirements for participation are as follows:

- Parent/guardian is responsible for making sure that complete attendance records are kept by the sponsoring released-time entity and that this entity provide the attendance clerk at the student's home high school with a daily record of attendance and the total number of hours in the released-time class.
- Transportation is the responsibility of the sponsoring entity or the parent/guardian.
- The sponsoring entity assumes all liability for the student from the time that the student leaves the home school until he returns to the home school.
- The parent/guardian understands that no public funds are expended and no school personnel are involved with providing the instruction.
- The released-time Carnegie unit of credit will be awarded as only **one** of the seven elective units as required for a South Carolina high school diploma.
- The course will be graded as a pass/fail course and will **not** be counted in the student's GPA.

I give permission for my child _____ to attend the released-time class as specified above. (Print First and Last Name of Student)

Grade in 2017-2018: _____

<p>My child may take the following checked course(s): <i>Bible 101 is not a prerequisite for Bible 102</i></p> <p><input type="checkbox"/> Bible 101: Why the Bible Matters</p> <p><input checked="" type="checkbox"/> Bible 102: Christianity vs. Cults and Religions</p>
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Parent Signature: _____ Date: _____

Print Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Return Form To:
Karis Hunt, Guidance Counselor
Fax: (864) 355-0089 / Phone: (864) 355-1081
Travelers Rest High School
301 North Main St.
Travelers Rest 29690