



PO Box 50, Narellan NSW 2567 **P:** (02) 4648 0111 **F:** (02) 4648 0042 **E:** mountannan-h.school@det.nsw.edu.au **W:** mountannan-h.schools.nsw.gov.au

## SPECIAL RELIGIOUS EDUCATION PROGRAM

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 is available at the school and is run by authorised volunteers of approved religious persuasions.

The approved special religious education program currently provided at the school is: **Non-denominational Christian SRE**. Contact details of SRE program coordinators can be provided by the school if required.

Please nominate if you wish for your child to participate in the Non-denominational Christian special religious education program, or indicate that you wish to withdraw your child from special religious education.

Please complete the attached form and return it to Mount Annan High School.

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,

Mr K Bates Principal



## **Mount Annan High School** 248 Welling Drive, Mount Annan 2567

PO Box 50, Narellan NSW 2567 **P:** (02) 4648 0111 **F:** (02) 4648 0042 **E:** mountannan-h.school@det.nsw.edu.au **W:** mountannan-h.schools.nsw.gov.au

Please complete and return to Mount Annan High School.

I wish for my child to <u>attend</u> the following special religious education program:	
Student name:	Year:
Special religious education program:	Non-denominational Christian
Signature of Parent/Carer:	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 approved providers of SRE.	the school's SRE programs provided by
Signature of Parent/Carer:	Date: