



SCBEST

Spartanburg County Bible Education in School Time

**MAILING ADDRESS**

PO BOX 3351  
Spartanburg, SC 29304

**PHONE**

864.573.8583

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info@scbest.net

**WEB**

www.scbest.net

**SCBEST Permission Form**

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

Grade \_\_\_\_\_

School Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Student's Church (if applicable) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Relationship to student \_\_\_\_\_

Parent Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Health Problems or special needs: \_\_\_\_\_

**Emergency Contact Information:**

Name of person to contact: \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ (Parent), request that my child be released from \_\_\_\_\_ (School Name) during the allotted class period to attend off-campus Bible classes at the designated host church. The Bible class is offered without regard for race, religion, sex, national origin or handicap. All students must have parental permission and be escorted off school property and returned after each period by church staff. The local church carries all necessary insurance and is legally responsible when students leave school property. The Bible classes are offered during the school day, but are not part of the public school. The school does not endorse or oppose the Bible class but accommodates the wishes of parents to release their children for the Bible class. By signing below, I understand that local churches have adopted the discipline code of my child's school and that my child may be removed from the Bible class program for violations. I give permission for my child to participate in entrance and exit evaluation surveys. I hereby give the local church, their legal representatives and assigns, those acting with permission, or their employees, the right and permission to copyright and/or use, publish, and republish photographic pictures or portraits of my child, including the use of any printed matter in conjunction therewith.

Parent or guardian signature \_\_\_\_\_

Today's Date \_\_\_\_\_

◆ Yes, please contact us with information about upcoming student activities and events via: ◆ Email ◆ Phone ◆ Mail ◆ Do not contact

**Please complete, sign and return to  
SCBEST  
PO Box 3351  
Spartanburg, SC 29304**