

RELIGIOUS-BASED EXEMPTION REQUEST FORM

Board Policy 3510 R

Purpose: Use this form to request (A) an exemption from a specific classroom discussion, activity, or assigned reading for religious reasons; and/or (B) released time from school for private religious instruction. Complete the student information and each applicable section. Submit the signed form to the school principal.

1. STUDENT AND REQUESTOR INFORMATION

Student name:	School:
Grade:	Date submitted:
Parent/guardian name:	Relationship to student:
Phone:	Email:
Request type: ☐ A - Religious objection to classroom activity ☐ B - Release Time for Religious Instruction ☐ Both	

SECTION A — RELIGIOUS OBJECTION TO A CLASSROOM DISCUSSION, ACTIVITY, OR ASSIGNED READING

Complete this section, only if requesting an exemption from a specific classroom discussion, activity, or assigned reading.

Course/subject and teacher:

Specific discussion, activity, or assigned reading:

Date(s) the item is scheduled, if known:

Explain how participation would: (check all that apply)

- ☐ Impose a substantial burden on the student's religious beliefs.
- ☐ Invade the student's privacy by calling attention to the student's religion.

Detailed explanation:

Proposed alternate activity or study (optional):

Please note: If the request is approved, the student will receive an alternative activity or assignment aligned with the Standard Course of Study. The principal will review the request under applicable law and Policy 3510. A decision may be appealed through the Student and Parent Grievance Procedure (Policy 1740/4010).

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SECTION B — RELEASED TIME RELIGIOUS INSTRUCTION

Complete this section, only if requesting that the student be excused from school to attend religious instruction offered by a private entity during the school day.

Name of Religious Instructor Provider:	Address of Provider:
Requested day of week:	Requested time:
Dates of request:	
*Course(s) that will be missed during requested release time:	

Transportation Plan

Person/entity transporting student from school:

Person/entity returning student to school:

Parent/Guardian Consent and Acknowledgments (PLEASE INITIAL ALL)

- _____ Participation is voluntary, and I request that the student named above be released for private religious instruction.
- _____ I am solely responsible for arranging transportation to and from the location where the instruction will occur.
- _____ I understand the student may be excused for no more than one hour during a school week.
- _____ I understand released time will not be permitted during mathematics, science, social studies, or English language arts; state-required testing, screenings, or other assessments; or state-required remedial instruction, interventions, or retesting.
- _____ I understand no academic credit will be awarded for participation in released time religious instruction.
- _____ I will complete the released time attendance verification and submit to the principal confirming attendance for each occurrence for which an excused absence is requested.
- _____ I understand the student is responsible for making up all missed schoolwork.
- _____ I understand that Buncombe County Schools assumes no responsibility or liability for the student from the time the student leaves school until the student returns.
- _____ I authorize school staff to release the student to the person/entity identified in the approved transportation plan.
- _____ I acknowledge that during any period of released time for religious instruction, the district is not responsible for the student's supervision, transportation, health care, medication administration, instruction or other supports or services the student would otherwise receive if present on campus.
- _____ I am solely responsible for making any necessary alternative arrangements for the student's care and services during the period of released time.

***Release time will not be allowed during the following classes/subjects: Core classes of mathematics, science, social studies, or English language arts; state-required tests, screenings, or other assessments; or state-required remedial instruction, interventions, or retesting.**

2. PARENT/GUARDIAN CERTIFICATION AND SIGNATURE

I certify that the information provided on this form is accurate. I understand that submitting this form does not itself approve the request and that the principal will notify me of the decision and any applicable conditions.

Parent Printed name:	Phone Number:
Parent/guardian signature:	Date:

RELEASED TIME ATTENDANCE VERIFICATION — SUBMIT FOR EACH OCCURRENCE

Student name:	School:
Provider/private entity:	Location:
Date attended:	Instruction time:
Provider name:	Provider signature:
Parent name:	Parent signature:

The provider representative certifies that the student attended the released time religious instruction identified above.

Policy reference: Buncombe County Board of Education Policy 3510, Religious-Based Exemptions from School Programs

FOR SCHOOL USE ONLY

Date received:	Date reviewed:
Effective date:	End/review date:

Decision: ☐ Approved ☐ Approved with conditions ☐ Denied ☐ Additional information needed

Conditions, alternative assignment, schedule, or reason for decision:

Principal/designee signature: Date: