



**St. Theresa School**  
**Education in Catholic Faith**  
**2019-20**

I grant permission for St. Theresa School to allow my child:

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Student name: \_\_\_\_\_ Teacher Name \_\_\_\_\_ Room # \_\_\_\_\_

To be sent from his/her classroom to serve a funeral Mass in the church when necessary.

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Parent signature \_\_\_\_\_ Date \_\_\_\_\_

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Phone # \_\_\_\_\_ Email \_\_\_\_\_

Please return this form to the school office.

Any questions contact Marie Paul: 847-358-7760 ext 119

or email [mariep@sttheresachurch.org](mailto:mariep@sttheresachurch.org)