

Survey / **Petition** / Poll Form

Page 1 of ____ Date: __/__/__

Subject: **FREEDOM OF RELIGIOUS EXPRESSION** , Volunteer Name: _____ Ph: _____ - _____

School District: _____ School Board Ph.# _____ - _____ - _____

MAIL for receipt on/before: _____ *for presentation at the next School Board Meeting.*

MAIL to Organizer: _____ *Org. Email:* _____

Org. Address: _____ *Org. Ph #* _____ - _____ - _____

Org. ST/Zip: _____ *Org. Fax #* _____ - _____ - _____

Statement of Objectives For This Survey / **Petition** / Poll.

PETITION FOR FREEDOM OF RELIGIOUS EXPRESSION IN PUBLIC SCHOOLS.

We, the undersigned, believe there should be freedom for the students to express their religious beliefs and customs in our public schools and no prohibitions of the students' "free exercise thereof", as stated in the First Amendment of our Federal Constitution which protects the right to freedom of religion and freedom of expression from government interference.

Religious songs and symbols should be allowed for inclusion as part of a wider celebration of Christmas, which is recognized as a national holiday in America. We have not seen this freedom of religion in the use of Christmas carols and students' art. Therefore, we petition the School Board to correct this discriminatory practice through the adoption of an official policy such as: The MODEL SCHOOL BOARD POLICY REGARDING RELIGION: libertycounsel.mybigcommerce.com/model-constitution-for-student-led-clubs-and-model-school-board-policy-regarding-religion

Name (Signature)+ print last	Street Address City / ST / Zip	Phone: - << OPT L >>	Student (S), Parent (P), Citizen (C) , I will help(H)
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Permission is granted to print, copy and distribute this form. [Back to Hisways.Org/HowTo/], Last Rev. 02/03/2017 16:29:30

NOTE: Form is OK to print with all Black ink. If page break is not correct try printing from the [\[PDF \]](#) file.

Petition For Freedom Of Religious Expression In Public Schools.

Subject: **FREEDOM OF RELIGIOUS EXPRESSION** , Volunteer Name: _____ Ph: _____ - _____

LEGIBLE INFORMATION WILL MAXIMIZE YOUR EFFORT & ENCOURAGE OUR VOLUNTEERS ! Page ____ of ____.

Name (Signature)+ print last <i>sign:</i>	Street Address <i>City / ST / Zip</i>	Phone: _ <<OPT L>> Email: _ <<OPT L>>	Student (S), Parent (P), Citizen (C) / I will help(H)
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