



PROTECT CHILDREN PROJECT REGISTRATION FORM

Are you currently a student in Elementary, Middle or High School? Yes No

Do you attend school in the United States? Yes No

NAME: _____

EMAIL: _____

CITY: _____

STATE: _____

SCHOOL NAME: _____

I consent to have [this letter](#) (follow the hyperlink) sent by The Satanic Temple on my behalf to my local school board notifying them of my sincerely held religious beliefs.

Student Signature

EMAIL THIS COMPLETED FORM TO: INFO@PROTECTCHILDRENPROJECT.COM