

Office of Safe Environment
Diocese of Fall River
Circle of Grace
Safe Environment Training “Opt-Out” Form

Date: _____

Child’s Full Name: _____

School/Parish: _____

City: _____ Grade/Class: _____

Please verify by *initialing all applicable* statements:

_____ The Circle of Grace Safe Environment Program was offered to my child.

_____ It is my choice that my child NOT participate in the program.

_____ I have received the materials (Circle of Grace Curriculum) from the parish and/or school for me to use to instruct my child on this topic.

Printed Name of Parent/Guardian _____

Signature: _____ Date: _____

DRE Section Only

I verify the following (please check the most accurate box):

- I gave the parent(s) a copy of the Safe Environment Circle of Grace Program designated for this child’s grade; or
- I offered the parent the appropriate Safe Environment materials and the parent(s) refused; or
- The parent stated s/he wanted the child to be opted out but the parent refused to sign the form.

Printed Name of DRE/Coordinator/Principal: _____

Signature: _____ Date: _____

- ***Please send original to the Office of Safe Environment and keep a copy in parish/school files.***