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.

OSE 11/9/2018