

**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: \_\_\_\_\_

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**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.***