



DIOCESE OF FALL RIVER
CHANCERY OFFICE
OFFICE OF SAFE ENVIRONMENT

***Circle of Grace* Opt-Out Form**

Date: _____

Child's Full Name: _____

Parish/School: _____

City: _____ Grade/Class: _____

The *Circle of Grace* curriculum has been offered to my child. My child will NOT participate in the program in class. _____ **(please initial)**

I would like the appropriate *Circle of Grace* materials to teach to my child. _____ **(please indicate yes or no)**

Printed Name of Parent/Guardian: _____

Signature: _____

DRE/Administrator Section Only

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

- Parent/guardian received the appropriate *Circle of Grace* materials
- Parent/guardian declined the *Circle of Grace* materials
- Parent/guardian wanted to opt-out but refused to sign the form

Printed Name of
DRE/Coordinator/Principal: _____

Signature: _____