

Safe Environment "Personal Safety Awareness" Pre-School-6th Grade

Diocese of Boise

"Opt-Out" Form

Date: _____

My Child's Full Name: _____

School/Religious Education Program: _____

City: _____

Grade/Class: _____

Please verify by initialing the following statements:

_____ The Safe Environment Program was offered to my child.

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

_____ I have received materials from the parish, school or program for
me to use to instruct my child on this topic.

Name of Parent or Guardian _____

(Please print clearly)

Signature _____

Date _____

Please return signed form to:

(Name) _____

(Title) _____

(Parish/School) _____

(Address) _____

(City/Zip) _____

(Phone No.) _____

Please retain this form on file at your parish or school.