



PARENT OPTION FORM

(For Personal Safety Instruction Programs)

Dear Parent/Guardian:

Complete the form below **only** if you choose to assume the full responsibility for educating your child about personal safety both in real life interactions and in the cyber world.

Sign and return this form to the Director of Faith Formation or Catholic School Principal.

Please include each child's name and grade for all children in your family you wish to excuse.

----- (Cut Here) -----

Dear Parish/School Leaders:

I **do not** wish for my child(ren) to participate in the personal safety program taught at

_____ in _____.
(Parish/School Name) (City)

Child's Name (Please print)

Grade Level

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

In choosing to have my child(ren) excused from these classes, I understand that it is my responsibility to share with my child(ren) personal safety rules I deem appropriate.

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date