

INSTRUCTIONS FOR COMPLETION OF PARENT REFUSAL FORM

(OPT-OUT FORM)

Principals and Directors of Religious Education,

Please ask the parents/guardians to complete this form and return it to you after they have informed you that they will opt-out their child(ren) from the safe environment training session(s) during the current school year. The parents may be confused as to what safe environment training is (important personal safety training) and what it is not (sex education). To eliminate any confusion, speak personally to any parents who state that they are refusing the training.

If the parents still refuse after your explanation, please give them the teaching materials for each child and ask them to teach their children at home**. If the parents refuse to take the materials, you must note this on the form.** Put your signature and date under that notation and file the form. Please keep this form on file with your other safe environment documents. Do not destroy or throw it away at the end of the school year. Put the forms into the student’s file.

PARENT/GUARDIAN REFUSAL FORM

I have received information about the safe environment training which teaches children about respecting personal boundaries, protecting their bodies, and asking for help if they are in danger. However, I have decided that I do NOT want my child(ren) to receive the training this year.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (printed name of parent/guardian), will not allow my child(ren) to participate in the safe environment training program for the school year \_\_\_\_\_\_\_\_\_\_\_\_\_. The archdiocesan safe environment training materials have been offered to me by my parish/school.

PLEASE PRINT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHILD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHILD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHILD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHILD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHILD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHILD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHILD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN DATE

FOR OFFICE USE ONLY (please check one line below)

The parent/guardian

\_\_\_\_accepted

\_\_\_\_refused

the training materials for their child(ren).

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SIGNATURE OF PRINCIPAL/DRE DATE

Please e-mail a copy of this form to the Human Resources Office at hr@archindy.org.