



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

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