

**DIOCESE OF ORLANDO
SAFE ENVIRONMENT PROGRAM FOR ELEMENTARY SCHOOL
STUDENTS SCHOOL YEAR 2024-2025**

One form is to be completed for each child in the family.

Student Name Printed: _____ School Grade Level: _____

Choose one of the following options:

Option 1: In Classroom and at Home

In accordance with the United States Conference of Catholic Bishops, the Diocese of Orlando requires that you and your child be afforded the opportunity to participate in the Circle of Grace program each year. **My child will attend the Circle of Grace Classes during Faith Formation times and dates located on each grade level chapter schedule and at home as a family.**

Printed Name of Parent: _____

Signature of parent: _____ Date: _____

Option 2: at Home

In accordance with the United States Conference of Catholic Bishops, the Diocese of Orlando requires that you and your child be afforded the opportunity to participate in the Circle of Grace program each year. **We will cover the Circle of Grace material at home as a family.**

Printed Name of Parent: _____

Signature of parent: _____ Date: _____

Option 3:

PARENTAL DECLINATION FORM

Dear Parent:

The U.S. Conference of Catholic Bishops (USCCB) requires Catholic Schools to provide safe environment training for all students. According to USCCB Safe Environment Work Group Report: Safe Environment Training of Children in the Catholic Church, "safe environment programs make children aware, give them the skills and offer them the freedom to come forward when an adult attempts to injure them or they have been in fact, injured." Our Diocese is required, through an audit process, to verify to the USCCB that this training has been

provided. We are also required to keep track of the numbers of students who are absent or whose parents opt to not allow their child to track of the numbers of students who are absent or whose parents opt to not allow their child to participate in the training.

If you prefer that your child not participate in the safe environment program provided, please complete this form, and return it to your child's instructor or the appropriate administrator. Thank you for your assistance.

Office of Human Resources
Diocese of Orlando

I do not wish my child to participate in the upcoming safe environment-training program.

State Reason (optional):

Printed Name of Parent: _____

Signature of parent: _____ Date: _____