**ST. PAUL/ST. JOSEPH PSR**

**SAFE TOUCH/CHASTITY PROGRAM**

**OPT OUT FORM**

***(Please complete for each child in the PSR)***

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Please Print Clearly)**

**Grade Level (2024-2025): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Regarding the Safe Touch Program – I request that my child (select one below):**

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

**Does Not Participate: \_\_\_\_\_\_\_\_**

* **Regarding the Chastity Program (Grades 4-8) – I request that my child (select one below):**

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

**Does Not Participate: \_\_\_\_\_\_\_\_**

***I understand that if my child does not participate in the program presented in the classroom as a part of the PSR, materials will be provided to the Parents and it will be the parents’ responsibility to cover the subject matter with their child (children).***

**Parent Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature) (Signature)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print Name Clearly) (Please Print Name Clearly)**