



St. Thomas the Apostle School

265 King St. Crystal Lake, IL 60014
Ph: 815.459.0496 Fx: 815.459.0591
www.stthomascl.org

Formation in Christian Chastity and Safe Environment Program

TO: Parents
FROM: Deanne Roy, Principal
DATE: October 6, 2011
RE: Opportunity to opt your child out of instruction in the "Diocese of Rockford Formation in Christian Chastity and Safe Environment Program"

Beginning the week of October 17, St. Thomas the Apostle Catholic School will present to our students **age appropriate** lessons on Christian chastity and/or safe environment from the "Diocese of Rockford Formation in Christian Chastity" (grades 1-8) and "Safe Environment Program" (grades 1,3,5,8 only.) This program has been approved by Bishop Thomas G. Doran who mandated we offer it to our families. It is part of our ongoing commitment to create and maintain a safe environment for our children and to protect them from sexual abuse, and to instruct them in the integrity of their persons and bodies.

You have the right to choose whether your child participates in this instruction. **We encourage you to read the parent materials and lesson plans for your child's grade, online at the website mentioned below, so you will be aware of the nature of the instruction.** If you still have questions, you may attend a voluntary information session with me on Wednesday October 12.

Please complete the Opt-Out/Permission Form below (ONE FOR EACH CHILD) and return it to your child's/children's teacher **no later than Friday, October 14th**. We must receive one for every child in the school.

For more information on the "Diocese of Rockford Formation in Christian Chastity and Safe Environment Program", you may visit the Diocese's Education Office website at www.ceorockford.org under the *Education* tab. Then click on the *Child Safety* Page.

Opt-Out/Permission Form

Check **ONLY ONE** sentence that applies.

I do not want my child, _____ to receive instruction in __ Formation in Christian Chastity __ Safe Environment (check one or both as applicable) at St. Thomas the Apostle School

I do not want my child, _____ to receive instruction in __ Formation in Christian Chastity __ Safe Environment (check one or both as applicable). I have been offered materials for use with my child(ren) at home and I intend to provide the training to my child.

I do not want my child(ren) to receive instruction in __ Formation in Christian Chastity __ Safe Environment (check one or both as applicable). I have been offered materials for use with my child(ren) at home and I do not plan to provide the training to my child.

I DO WANT my child to participate in the ___ Formation ___ Safe Environment mentioned above.

Parents Name(please print): _____

Parents Signature: _____ Date: _____

Child's name(s) _____ Homeroom _____