

**ST. PAUL PSR  
SAFE TOUCH/CHASTITY PROGRAM  
OPT OUT FORM**

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

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

(Please Print Clearly)

**Grade Level (2018-2019):** \_\_\_\_\_

- **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)