



St. Odilia Catholic Community
 7570 North Paseo Del Norte
 Oro Valley, Arizona 85704-4499

FAMILY
 NAME _____

Parental/Guardian Consent Form Personal Safety Education

This 2020 school year our Personal Safety Class will be taught in the individual Classes. We will be using the Diocesan program called Circle of Grace. This education will be done in a manner appropriate to the age of the children and in the context of faith. As parents/guardians, you are welcome to attend class.

Check one of the following choices:

I / We allow my/our child/children to participate in the age appropriate Personal Safety Class.

I / We DO NOT wish for my/our child/children to attend the Personal Safety Class.

Student Name: (please print) _____ Grade: _____

Student Name: (please print) _____ Grade: _____

Student Name: (please print) _____ Grade: _____

Student Name: (please print) _____ Grade: _____

Student Name: (please print) _____ Grade: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Relation to Student: _____

Date: _____