



Diocese of Laredo
Circle of Grace
Parental Permission Slip

I understand that our parish or school is scheduled to present lessons from the Circle of Grace Program to students to help create and maintain safe environments for children. I understand that this faith-based curriculum teaches that each person is sacred and encourages students to have greater respect for themselves and others. I am also aware that the lessons include personal safety information specifically regarding child abuse, child sexual abuse, and internet safety, and that students will receive instructions about what to do if they are harmed, or perceive potential harm, in any way by another person. Further, I have been offered the opportunity to review the materials to be presented and discuss the lessons with our parish or school.

Parish or School Name: _____

Name of Teacher: _____

Name of the Student: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

_____ I consent

_____ Please provide material so that I might teach the information to my child at home

_____ I do not wish to receive materials