

Saint William of York Catholic School  
Formation in Christian Chastity Program

OPT--OUT FORM

As the parent(s) of \_\_\_\_\_ Grade(s) \_\_\_\_\_,  
I choose to exercise my rights **not** to participate in the Formation of Christian Chastity  
Program. I also do not want my child(ren) participating in the classroom instruction that  
will take place in **grades 1,5,6,7,and 8** by their classroom/religion teacher.

Please return **no later than** Friday, May 20, 2005.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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