

**TO: Parents**  
**FROM: Cardinal Newman School**  
**SUBJECT: Prevention Education Notice / Opt-Out Form**  
**DATE: August 20, 2018**

Cardinal Newman School will present a sexual abuse prevention program, *Teaching Touching Safety*, to our students (during Theology classes) on September 24-25, 2018, with a make-up date on October 4, 2018. This program is provided to us by the Diocese of Charleston and is a part of our ongoing effort to help create and maintain safe environments for all children and youth in our care.

The scheduled lesson is being offered to all students at Cardinal Newman School. As parents, you have the right to choose whether your student participates in the program. We encourage you to read the “overview” and “lesson plan” assigned to your child’s age group to understand exactly what your child will be taught.

**It is important to note, this is basic prevention education and is in no way to be considered sex education or education on private body parts.** Neither of these components fall within our educational mandate to provide your child with the information needed to keep them safe from those who would do them harm.

If you wish to “opt” your child out of the prevention education session, please complete the “opt-out” form at the bottom of this page and return it to the main office no later than **Friday, August 31, 2018.**

*For additional information, go to [www.nationalcatholic.org/touchingsafety.charleston.cfm](http://www.nationalcatholic.org/touchingsafety.charleston.cfm) to access the Teaching Touching Safety Guide and lesson plans for the program. Also, for additional information on Cardinal Newman’s Safe Environment Program requirements and links to important Diocesan information and forms see the **Safe School Program** section under the **Parent** section of the Cardinal Newman School website [www.cnhs.org](http://www.cnhs.org).*

----- Detach Here -----

**Opt-out form for use with the *Teaching Touching Safety Program*:**

Cardinal Newman School does not have my permission to present the *Teaching Touching Safety* program to my child/children listed below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Parent’s Name (printed): \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*\*Form due to be submitted to the Main Office by August 31, 2018\*\*\*\***