Verification Form

To: Parents/Guardians

Date: School Year ____________

Re: Training for students in Catholic schools and parish religious education programs

After you have instructed your child(ren) in the safe environment lesson provided by your parish or school, please complete the information below and return as directed.

Name of student: ____________________________

Parish/school name: __________________________

Grade: ________

Title of lesson taught: ________________________

Name of student: ____________________________

Parish/school name: __________________________

Grade: ________

Title of lesson taught: ________________________

Name of student: ____________________________

Parish/school name: __________________________

Grade: ________

Title of lesson taught: ________________________

Name of student: ____________________________

Parish/school name: __________________________

Grade: ________

Title of lesson taught: ________________________

I have received the training materials and used them to teach my child(ren) the lesson as requested.

Signature of parent/guardian: ____________________________

Printed name: ____________________________

Date: ____________________________