



Verification Form

To: Parents/Guardians

Date: School Year 2024-25

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: _____