

School Year: _____

HARASSMENT POLICY VERIFICATION FORM

I _____ a parent/guardian of a youth participate at St. Joseph

Parent name (please print)

Church PSR program, Circleville, Ohio, have received copies of the Diocesan Policy on harassment.

I understand that it is necessary that any complaint of harassment must be filed with the (a) program administrator (b) pastor, or (c) diocesan director of religious education. I have had an opportunity to read the policy and am confident I understand the context and purpose.

Parent signature

Date

1st Child's name (please print)

4th Child's name (please print)

2nd Child's name (please print)

5th Child's name (please print)

3rd Child's name (please print)

6th Child's name (please print)

The 2020-2021 St. Joseph Parish School of Religion (PSR) Handbook is available on the St. Joseph Church website. I agree to review the handbook on the website and understand that I can request a copy of the handbook if needed.

Parent's Signature: _____

Date: _____

____ I would like a hard copy of the PSR Handbook. *(check only if you wish to receive a hard copy)*

Please return this form to the Parish Office or PSR Coordinator.