

Parish Report Form

VIRTUS Protecting God's Children Touching Safety Program

Parish: _____ City: _____

Setting: ___ Catholic School ___ Religious Education Program

Academic Year: _____

The following grades received instruction during the course of the academic year:

[Please check the grade levels that apply]

___ K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5
___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12

TOTAL number of students receiving instruction: _____

TOTAL number of students not participating in instruction (i.e. absent): _____

TOTAL number of students who opted out: _____

Signature

Position

Date

Please send completed form to: Office of Child and Youth Protection
Diocese of Jefferson City
P.O. Box 104900
Jefferson City, MO 65110
Fax: 573-635-2286
Email: review@diojeffcity.org