

**A Safe Place for Our Children
Final School Report For School Year 2013 - 2014**

Name of School: _____ **City/Town, State** _____

School Principal: _____

Phone Number: _____

Name of Program Presented: _____

Presenter(s): _____

School Data:

1. **Number of Children Enrolled in Catholic School** _____
2. **Number of Children in Catholic School Trained** _____
3. **Number of Children in Catholic School Not Trained** _____

Note:

- **Report ONLY on Enrolled Children**
- **All those Not Trained require an OPT-OUT form either signed by the Parent? Guardian, or, if they refuse or are unreachable, completed by the Teacher or Principal.**

School Principal Signature: _____

(copies should be kept in school files and in parish files)

Please complete and mail by August 1, 2014 to:

**Victim Assistance Coordinator
Metropolitan Archeparchy of Philadelphia
827 N. Franklin Street
Philadelphia, PA 19123**