

**A Safe Place for Our Children  
Final School Report For School Year 2017 - 2018**

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, 2018 to:**

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