

# Parish School of Religion

## Verification of Public School Personal Safety Training Curriculum

Parish \_\_\_\_\_ City \_\_\_\_\_

DRE/CRE/Pastor \_\_\_\_\_

### Public School Curriculum

School	City	Curriculum Content or Name of Program

- Total number of students in the PSR program attending the public schools noted above \_\_\_\_\_

**Verification letter signed by a Public School Official attached.**

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
Director or Coordinator of Religious Education

**Return Instructions:** Please return the completed record to the Office for Human Resources, Catholic Pastoral Center, P.O. Box 3187, Springfield, IL 62708-3187 by May 31, of each school year.