

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 _____

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.