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*]

____ 1 ____ 4 ____ 6 ____ 10 Other Students _____

TOTAL number of students receiving instruction: _____

_____ _____ _____
Signature Position Date

Please send completed form to: Review Administrator
Diocese of Jefferson City
P.O. Box 104900
Jefferson City, MO 65110