Archdiocese of Indianapolis

Circle of Grace Program Catholic Schools Documentation Form

Academic Year 2016 to 2017

__Name of School/Parish _____ City:_____Deanery:_____

This form certifies that the learning objectives outlined in the *Archdiocese of Indianapolis Circle of Grace Program* have been taught in the parish/school named above during the course of the academic year. To submit this Form electronically, follow these steps: 1)Download and Save it to your computer; 2) Fill in the data requested. 3)Save it again;4)Attach the completed form to an email to ccampbell@archindy.org. Or print out the completed form and fax it to the Office of Human Resources at (317) 261-3389, Attn: Kristen Leffler

The Charter for the Protection of Children and Young People developed by the USCCB and the policy of the Archdiocese of Indianapolis require all parishes and schools to provide such training. If any parents have concerns about their children's participation in this program, they should discuss those concerns with parish/school administration and make a written request if they wish to hold their students out of a particular lesson(s) during the course of the year. The table below indicates the number of students who received Circle of Grace during the academic year and the number of students who did not receive training at the request of their parents or for other reasons.

Grade	Total Enrolled	Number of Students Trained	Number of Opt Outs	Number of Students Not Trained for Other Reasons
Grade K				
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				
Grade 6				
Grade 7				
Grade 8				
Grade 9				
Grade 10				
Grade 11				
Grade 12				
TOTAL	0	0	0	0

Comments:_____

_____

_____

Parent education was provided through: *(check all that apply)*

☐ Meeting presentation
☐ Written communication/newsletter
☐ Individual letters from teachers at specific grade levels
☐ Other (please list) _____

_____ _____ _____

Printed Name of Principal ☐ Other: | Signature | Date

Return this form when you complete implementing the program but no later than May 15. To SUBMIT electronically DOWNLOAD it to your desktop, SAVE IT, FILL IN YOUR DATA, SAVE IT AGAIN, and then EMAIL it as an attachment to ccampbell@archindy.org. OR IF you prefer, DOWNLOAD and print it out, fill in data and fax to Office of Human Resources, attn: Kristen Leffler at (317) 261-3389.