



ROMAN CATHOLIC

DIOCESE of **SPRINGFIELD-CAPE GIRARDEAU**

Office of Child and Youth Protection

School Report of Completion 2024-2025

School: _____

City: _____

We present two (2) Safe Environment lessons each school year to ensure that all children receive the training at least one time and to help the children retain the information. **Schools incorporating *Theology of the Body* into their curriculum may use the TOB lessons instead of the second VIRTUS lesson in the Spring.**

1. The number of children who received the training at least one time should be reported in the column **# of Children Trained**. Our goal is to offer the training on a date when all children are present.
2. If a child was enrolled in your program and was absent for **both** trainings, report that in the **# Absent** column.
3. If the parents refuse to have the material presented to their children, an **"OPT OUT"** form must be filled out and signed by parents and turned in with this form. The number of children opting out should be reported in **# Opting out**. Parents who opt out must first speak to the Pastor about their reasons for opting out.

Check the appropriate box(es), if applicable to your parish for the 2024-2025 school year:

NO Elementary Program NO Reconciliation/Eucharist Program NO High School Program NO Confirmation

VIRTUS Lesson 3, (may substitute the Theology of the Body curriculum in the Spring):

Total # of Children Enrolled as of Feb. 1, 2025	# of Children Trained	# Opting out	# Absent

(number trained + number opting out + number absent = Total # of children enrolled)

Name of Person completing this form (please print): _____

Role/Position: (please print) _____

Complete information below AND send your list of employees and volunteers.

I certify that all employees regardless of job description, as well as all volunteers who have regular contact with minors, have:

1. Received and signed a paper copy the Code of Conduct. The Acknowledgement and signature page (page five) to be forwarded to the Diocese Office of Child and Youth Protection.
2. Completed the Background Disclosure and Authorization and this form faxed to: **888-820-6032**, and the original has been filed permanently in a secure location.
3. Attended the VIRTUS® Protecting God's Children for Adults training.

I certify that the school has received and implemented the *VIRTUS: Boundaries* ® for the 2024-2025 school year for all children, Kindergarten through 12th grade, enrolled in the parish religious education program. In addition, parent education was offered at the parish.

Principal (Please print): _____ Pastor (Please print): _____

Principal Signature: _____ Pastor Signature: _____

Date: _____ Date: _____

Notes: