



Saint Philip School

Teaching truth, building community, and inspiring service

After reading the Extract of Policy and Procedures, please sign and return this form to:

**SAINT PHILIP SCHOOL
618 Putnam Pike
Greenville, RI 02828**

“ACKNOWLEDGEMENT OF RECEIPT”

I, _____ hereby acknowledge that I have received on _____,
PRINT NAME DATE OF RECEIPT
a copy of the ***Extract of Policy and Procedures in Cases of Sexual Misconduct***, I understand its meaning,
and agree to conduct myself in accordance with the policy.

SIGNATURE

NAME (Please Print)

ADDRESS

CITY/STATE/ZIP

PHONE NUMBER