

Diocese of Rockford
Formation in Christian Chastity and Safe Environment Program
Classroom Attendance Sheet for School

Teachers: Please complete this attendance sheet in full at the time of instruction, and provide it to your school Principal.

Teacher's Name _____

School & City _____

Grade _____ Date of class _____

Name of Program (check all that apply):

_____ Formation in Christian Chastity Lesson

_____ Safe Environment Lesson

Total classroom enrollment _____

Number of students present _____

Number of students trained at home _____

This number should include the following:

- *Any parent who used the Opt-out/Acknowledgement of Training form and trained their child at home (please include the signed forms)*
- *Absent students, if the materials were sent home to them (if the school chooses to send the materials home to absent students, an Opt-out/Acknowledgement of Training form is not required)*

Number of students who were opted out by parents/ declined training _____

(Please include the signed forms)

Please explain any gaps between total enrollment and total numbers trained (e.g., absences):
