 CHILD ABUSE PREVENTION POLICY

ACKNOWLEDGMENT FORM

I have been provided with a copy of, and have read and understood, the Child Abuse Prevention Policy in effect on this date. I understand and agree to abide by this policy and any other applicable procedures and policies of the School.

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Employee Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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Westminster School Business Officer signature