

Administrator’s Receipt of Policies for Catholic Schools in the Diocese of Erie

School: _____

School Year: _____

- ❖ I have been given access to and have been instructed to review the *Policies for Catholic Schools in the Diocese of Erie*. I understand that the most current copy of the *Policies for Catholic Schools in the Diocese of Erie* is available at all times on the MyDioErie: School Policies link.

- ❖ My responsibility for implementing procedures that comply with the policies has been explained to me.

- ❖ I understand that the *Policies for Catholic Schools in the Diocese of Erie* represent the current policies of the Catholic Schools in the Diocese of Erie and that I am expected to comply with them.

- ❖ I have been given the opportunity to discuss any questions or concerns I have about any item in the *Policies for Catholic Schools in the Diocese of Erie*.

- ❖ I understand that policies may be added to, deleted, or changed as necessary. I will receive notification of any changes to the *Policies for Catholic Schools in the Diocese of Erie*.

PRINT NAME

SIGNATURE

DATE

This form requires an original signature.

Return completed form annually to Catholicschools@eriercd.org by the last Monday of September.