

Acknowledgement Form

Student/s Name: _____
Please Print

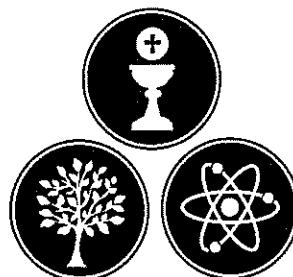
<u>Initial</u>	2025 -2026 Preschool Health Plan
<u>Initial</u>	2025 - 2026 Preschool Disaster Policy
<u>Initial</u>	2025 - 2026 Preschool Family Handbook

We, the parents/guardians of _____ have read, understand,
Print Student Name(s)
and agree to abide by the policies set out in the above marked Policies/Handbooks.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

ST. MARY MAGDALEN
CATHOLIC SCHOOL