

Acknowledgement Form

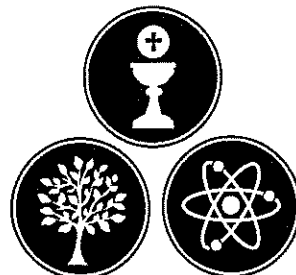
Student/s Name: _____
Please Print

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

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