

DIOCESE OF GAYLORD † OFFICE OF CATHOLIC SCHOOLS

Circle of Grace Annual Review
Acknowledgement Statement

Date: _____ **School Year:** _____

School Name: _____ **City:** _____

First Name: _____

Last Name: _____

Date of Birth (*mm/dd/yyyy*): _____

Position (*check one*): **Teacher**

Support Staff

Other

1. I have reviewed the Circle of Grace Power Point Presentation and informational materials that is available on the diocesan website.
2. I understand and am familiar with the Circle of Grace program and its common language.
3. I agree with the statement above.

Please save your completed fillable form, print and return to your school principal via fax, email, or U.S. mail.

Contact your school's principal if you have any questions.