

ACKNOWLEDGMENT OF RECEIPT

2020-2021

NAME OF PARISH SCHOOL: Our Lady of Sorrows

CITY: Ladysmith, WI 54848

I, _____, have received a copy of the student/parent handbook. I acknowledge my obligation as a parent of a student of Our Lady of Sorrows Catholic School to read, become familiar with and to follow the practices and philosophies within. I further acknowledge that these documents are subject to additions and/or changes.

Parent/Guardian Signature _____

Date _____