



Diocese of Joliet
Catholic Schools Office

MEMORANDUM OF UNDERSTANDING

_____ (name of student) is being accepted conditionally to,
_____ (school) for a probationary period of
_____ (amount of time). We wish for a successful learning experience for your child and therefore see
a positive working relationship in meeting his/her needs.

THE FOLLOWING ARE UNDERSTOOD:

Responsibilities of School:

Responsibilities of Parents:

Special needs that may not be met by the school:

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Principal signature: _____ Date: _____