

**Healing Hands School of Holistic Health  
Student Acknowledgement  
CATALOG**

Date: \_\_\_\_\_

I, \_\_\_\_\_, have received a  
(PLEASE **PRINT** YOUR NAME)

Healing Hands School of Holistic Health School Catalog, and have read and understand the contents therein. I understand that I am responsible for following the school's policies and regulations as stated in the catalog.

\_\_\_\_\_  
(PLEASE **SIGN** YOUR NAME)

*Student Acknowledgement of Receipt of Information*

*I \_\_\_\_\_ have attended Orientation, at Healing Hands School of Holistic Health.*

*I acknowledge that I have been provided with my own copy of the Orientation Manual, for my future use.*

*I understand that it is my responsibility to keep my Orientation Manual and School Catalog, as I may be required to refer to them throughout my training.*

\_\_\_\_\_  
*Student Signature*

*Date*

\_\_\_\_\_  
*Student Name (Please print)*