

**Health and Safety Plan Acknowledgement Form**

I have read the Health and Safety, understand all policies and procedures and agree to abide by them.

Family Name \_\_\_\_\_

Parent #1 signature \_\_\_\_\_

Parent #2 signature \_\_\_\_\_

Guardian signature \_\_\_\_\_

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

**These signatures are required to be on file before the first day of school, Friday, September 11, 2020.**