

McCLUSKY SCHOOL DISTRICT POLICY ACKNOWLEDGEMENT FORM

The McClusky School Board requires that all impacted **[employees][students]** receive a copy of the following **[policy][policies]**, and acknowledge receipt of **[it][them]**. This form should be returned to **[title]** by **[date]**.

[List disseminated policies]

Employee or Student Acknowledgement

I, _____ (print name), have read and understand the content, requirements, and consequences for violating McClusky School District's policy. I agree to abide by all the directives and other requirements contained in district policy. I understand that if I have questions at any time regarding a policy I will contact my **[immediate supervisor or building principal]**.

[Employee] [Student] Signature: _____

Date: _____

For Administrative Use Only

Date policy disseminated to student/staff: _____

Method of distribution:

Placed in mailboxes Published in handbooks Sent via email

Published in district newsletter Handed out in classrooms

Other: _____

Date form returned: _____

Form received by: _____

Place a copy of this form in the applicable personnel or student file.

End of McClusky School District #19 Exhibit BDA-E

[02/20]