

Lake Wales Charter Schools Safety Program

Receipt of Safety Program

I certify that I have received my personal copy of Lake Wales Charter Schools Safety Program dated April 1, 2012.

I further certify that I have read, and understand Lake Wales Charter Schools policies and procedures as represented in the company's Safety Program.

I understand that failure to comply with all safety policies may result in immediate discharge.

EMPLOYEE NAME: (Print) _____

EMPLOYEE SIGNATURE: _____

DATE: _____