Drug & Sexual Harassment Contract

PORTERVILLE UNIFIED SCHOOL DISTRICT

POLICIES NOTIFICATION FORM

Student's Name

I_____, have been notified and understand the *Drug and Alcohol-Free Workplace* and *Sexual Harassment* policies of the Porterville Unified School District. I further agree to follow all rules, regulations, and responsibilities as explained to me by my instructor.

_____

Student Signature

_____

Date

Porterville Unified School District
600 West Grand Avenue
Porterville, CA. 93257