

VALIDATION OF ACKNOWLEDGEMENT

This is to certify that I have been given, read and understand **all** Lawrence County and Lawrence County Center of Technology conduct policies.

Date

Student's Signature

Student's Name _____
Please Print

Class _____
Please Print

Date

Parent/Guardian's Signature

Student, Parent or Guardian, please sign above and **return to the appropriate teacher.** You are to keep a copy of all policies. Thank you, in advance, for your help and support in the coming school year.

Robby Vinzant
Principal
Lawrence County Center of Technology
256-905-2425