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***RECEIPT FOR REQUIRED LEARNING PACKET 2023-2024***

Regarding information in the Required Learning Packet, I:

* Understand the information
* Am responsible for working safely, and
* Know who to contact to obtain more information or to report unsafe conditions

In addition, I understand that these policies and procedures are continually evaluated and may be amended, modified or terminated at any time.

**Please sign and date this receipt and return it to Maple Grove Education Department or fax to 763-581-1405**

Signature: Date:

Print Name:

S# : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_