

LOWER CAPE MAY REGIONAL SCHOOL DISTRICT

687 ROUTE 9, CAPE MAY, NJ 08204-4697



JACK J. PFIZENMAYER

Superintendent

TEL: (609) 884-3475

FAX: (609) 884-7067

I, _____ have viewed the presentations on Sexual
Name

Harassment/Misconduct and Bullying on _____ at _____.
(Date) (Time)

In addition to this, I have printed and reviewed the District Policies on Sexual Harassment/Misconduct and Bullying. I am fully aware of the policy as well as consequences for not following it. If I have any questions regarding the policy, I can contact the Affirmative Action Officer, Peter Daly, at 609-884-3475 Ext. 215.

Signature _____

Date _____