



Anti-Bullying Training

CERTIFICATE OF COMPLETION

I have completed the Anti-Bullying training for Chisago Lakes
ISD #2144 (*this includes watching the website video presentation
regarding Anti-Bullying, reviewing the documents pertaining to said
video and reviewing CL Policy 514-Bullying Prohibition*).

Signature: _____

Printed name: _____

Date: _____ Building: _____

Return this signed form to: Principal/Building's Administrative Office

Bldg. Secretary - Please send a copy to the District Office (attn: Jodi D)