THE
SEASIDE
SCHOOL™

Seaside Neighborhood/Seacoast Collegiate High School Substitute Training Completion Attestation

By signing below, I acknowledge and attest that I completed all components of the mandatory Substitute Training on the date indicated below.

I affirm that I reviewed all training materials in their entirety, including reading all slide content and actively listening to all presented information for the full duration of the training.
I acknowledge the importance of the information provided and understand that I am responsible for complying with all applicable district expectations, policies, and procedures while serving as a substitute for Seaside Schools. I further understand that if I have questions or require clarification regarding my role or responsibilities, I should contact the appropriate school administrator, department administrator, and/or Human Resources Department.

I understand and acknowledge that knowingly providing false or misleading information regarding completion of this required training may result in my removal from the substitute List and may impact my eligibility for future employment.

Contact information for any questions is Tricia Peterson, 850-797-4295, petersonp@seasideschools.net

I understand that falsely reporting successful completion of this training may lead to my removal from the substitute List.

Date Substitute Training Completed: _____

_____
Name (Please Print)

_____
Signature

_____
Date of Signature