Anti-Bullying Pledge – Students/Parents

We believe that everyone should enjoy our school equally, and feel safe, secure and accepted regardless of color, race, gender, athletic ability, intelligence, religion and nationality.

Bullying is the repeated use, by one or more students, of written, oral, or electronic expressions or physical acts or gestures of any combination therefore, with the intent to ridicule, harass, humiliate or intimidate the victim.

By signing this pledge, we the students agree to:
1. Value student differences and treat others with respect.
2. Not become involved in bullying incidents or become a bully.
3. Be aware of the school’s support system and policies with regard to bullying.
4. Report incidents of bullying honestly and immediately to a faculty member.
5. Be alert in places around school where there is less supervision such as bathrooms, hallways and on the playground.
6. Support students who have been subjected to bullying.
7. Talk to teachers and parents regarding concerns and issues regarding bullying.
8. Work with other students and faculty to help the school deal with bullying effectively.
9. Encourage teachers to talk about bullying in the classrooms.
10. Provide a good role model for younger students and support them if bullying occurs.

I acknowledge that whether I am being a bully or see someone being bullied, if I don’t report or stop the bullying, I am just as guilty.

Student Signature
__________________________________________ Grade ______

__________________________________________ Grade ______

_________________________________________________Grade ______

By signing this pledge, we the parents agree to:
1. Keep ourselves and our children aware of the bullying policies.
2. Work in partnership with the school to encourage positive behavior, valuing differences and promoting sensitivity to others.
3. Discuss regularly with our children their feelings about school work, friendships and relationships.
4. Inform faculty of changes in our child’s behavior or circumstances at home that may change a child’s behavior at school.
5. Alert faculty if bullying has occurred.

Family Name ______________________________

Signature of parent __________________________ Date __________

Please return this page by September 17, 2019