



No Bullying/Stay Away Contract (Elementary)

Student's Name: _____
I.D. Number: _____

Grade: _____
Date of Contract: _____

According to FFI Local Policy, Laredo Independent School District prohibits bullying. All student and teachers must be treated with respect. My teacher/counselor/administrator has explained to me that I am not allowed to:

- Speak to or about anyone in an unkind or hurtful way
Hurt another person's body
Pass mean notes around or not include someone in a group
Other:

I PROMISE not to bully _____ or any other student.
I PROMISE to show respect for him/her/them and to all student and teachers.

Consequences

I, _____ understand that by signing this contract I agree to stop bullying and I know that if I break this contract the following consequences may occur:

- I will be placed in time out for _____ minutes during recess
I will get a referral to the office.
Other: _____

Student's Signature _____ Date _____

Counselor's Signature _____ Date _____

Parent's Signature _____ Date _____

Administrator's Signature _____ Date _____

Each educator below has been notified of LISD's Bullying Prevention Procedures as well as this Contract and shall keep the information confidential from any person not entitled to the information.

Teachers' Signature _____ Date _____

Teachers' Signature _____ Date _____

Teacher's Signature _____ Date _____

Teachers' Signature _____ Date _____

Teacher's Signature _____ Date _____

Other Witness (if necessary) _____ Date _____

It is the policy of the Laredo Independent School District not to discriminate on the basis of race, color, national origin, sex, handicap, or age in its employment practices as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975, as amended; and Section 504 of the Rehabilitation Act of 1973, as amended. Guidance & Counseling Department