INDEPENDENT SCHOOL DISTRICT
SCHOOL-BASED STAY AWAY AGREEMENT

The intent of this agreement is to increase safety for students who have been the target of severe or repeated bullying, harassment, sexual harassment, or dating violence. It is to be administered by the principal or the principal’s designee in a conference with the offending student and his or her parent.

Name of student: 

_________________________________________________________

Date of most serious incident: 

_______________________________________________

Description of behaviors involved in incident: _________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Date of assessment by principal or designee: _________________________________

Date of parent notification: ________________________________________________

In order to protect the rights and safety of all members of our school community, you are required to stay away from ___________________________ at all times during the school day and at any school-sponsored event. This means that you may not approach, talk to, sit by, or have any contact with (including electronic communications) ___________________________ at school or on school property, and school buses.

Other prohibited behaviors include:

_____________________________________________________________________

_____________________________________________________________________

In addition, the following actions are effective immediately (list schedule changes), other disciplinary and or restitutionary actions.

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<tr>
<th>Current Schedule</th>
<th>New Schedule</th>
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</table>
Arrival or Departure Procedure ____________________________________________

Locker change _________________________________________________________

Lunch _________________________________________________________________

Extracurricular activities ________________________________________________

Other disciplinary actions: _______________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Violations of this agreement and acts of retaliation directly or indirectly toward the target or the target's friends or family members will be taken seriously and will result in further disciplinary actions. Your compliance will be monitored by the administrator in charge at ____________ School, (name and title of school staff).

Agreement is valid from ___________________ (date) to _________________ (date).

This agreement will be reviewed on ________________________________________(date).

Signatures:

Student: ______________________________________________ Date: __________

Parent/Guardian: _________________________________________ Date: __________

Administrator: __________________________________________ Date: __________

cc: Principal
    Assistant Principal
    Counselor