



Welcome to Primero RE-2 School District!

We are glad that you are joining our growing family.

Enrollment process:

Step 1: Out-of-district families who wish to attend school in Primero School District can download the application on line at www.primeroschool.org or stop by the school office at 20200 State Highway 12, Weston, CO 81091

Step 2: You will need only one Household Information Packet and individual Student Information Packets for each student.

Step 3: Complete your forms and gather the necessary documentation. Documentation includes:

Child's Birth Certificate;
Two Proof of Residence; (For In-District families only)
Immunization Records;
Records release form;
Custody Documents

Step 4: Take your completed enrollment forms and all required documentation to the school office.

NOTE: Preschool must be 3-years old, Kindergarteners must be 5-years old and first graders must be 6 years old on or before May 1st of the year of enrollment. No exceptions.

MISSION STATEMENT

The mission of Primero School District is to build collaborative partnerships among educators, students, parents and our community so our students acquire the knowledge and skills they need to thrive and contribute in a world where change is constant and learning never stops.

Required Documents

The following are documents required by Primero School District to enroll your child (ren):

1. PARENT/GUARDIAN

- A student must be enrolled by his or her parent/guardian.
- A student may be required to present proof of a parent/guardian relationship with the student seeking enrollment.
- Custody documentation is required, if applicable.

2. DOCUMENTATION OF CHILD'S DATE OF BIRTH

Please Bring **ONE** of the following government issued proofs:

- Birth Certificate (State issued full size certificate, showing parent's names as well as child's is preferred)
- Valid passport

3. PROOF OF RESIDENCE

To enroll, the student's parents or legal guardian and the student must be a full-time resident in **Primero's School District Boundaries**

- a. If you own your home, please bring **TWO of the following** (only originals will be accepted):
 - Warranty Deed, (certified copy of recorded deed) Deed of Trust, or Bill of Sale
 - Purchase contract with possession date or closing date not more than 90 days out
 - Current utility bill (i.e. electric, water, cable, trash) or mortgage statement – your name and address must be clearly marked (both portions of a bill are required, property/service address must match mailing address) – last or current month; disconnect notices are **not** accepted
 - Homeowner's insurance or property tax bill for current year (property/service address must match mailing address)
- b. If you rent, please bring **TWO of the following** (only originals will be accepted):
 - Current Signed Lease or Rental Agreement
 - Lease agreement with possession date not more than 60 days out
 - Current utility bill (i.e. Xcel Energy, water, cable, trash) – your name and address must be clearly marked (both portions of a bill are required, property/service address must match mailing address) – last or current month; disconnect notices are **not** accepted
 - Renter's insurance
- c. If you are living with another family – ALL of the following are required:
 - Declaration of Residence must be completed and signed by the owner/renter of the residence with whom you live stating the length of time you will be staying in the presence of school or district personnel
 - One proof of address from the **owner/renter of the residence**. (See required documents above)
 - Current proof of your residence at that address that has been mailed to the home (i.e. bank statement, insurance statement, new Colorado drivers license receipt, US Postal Service official address change form, bills received including cell phone, etc. with your name and address clearly listed)
- d. Families who have changed their address and currently have a student enrolled in Primero School District will need to verify their new address by providing the required documents for proof of residence listed above.

Note: Please notify us if you are unable to provide documentation because of loss of housing or economic hardship.

4. IMMUNIZATION RECORDS – Required by state law

5. PREVIOUS SCHOOL INFORMATION

- Name, address, phone and fax number of previous school
- Withdrawal form from previous school
- Most recent report card
- Transcripts for students entering middle or high schools
- Attendance record and discipline report
- IEP and 504 information, if applicable.

Family and Household Information



Complete 1 set of forms per family



Primero Household Enrollment Form

For School Use Only		Date Received:		Received by:		School:			
Residency <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Declaration of Residence <input type="checkbox"/> Home/Renters Insurance <input type="checkbox"/> McKinney Vento (Title IX A) <input type="checkbox"/> Purchase Contract <input type="checkbox"/> Address Confidentiality Program				Guardianship: <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Foster Placement		Boundary School <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> Out-of-District			
Forms Sent: <input type="checkbox"/> Student Records Request									
PRIMARY HOUSEHOLD									
(where student(s) resides majority of the time)									
Residence Street Address						Apartment/Unit Number			
City		State		Zip		County			
Mailing Address (if using a P.O. Box)						WE PREFER OUR CORRESPONDENCE IN:			
						<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:			
City		State		Zip		County			
Parent/Guardian Last Name		Parent/Guardian First Name			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Active Duty Armed Forces or Full-Time National Guard		
Work Phone		Cell Phone			Email Address		DOB		
Parent/Guardian Last Name		Parent/Guardian First Name			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Active Duty Armed Forces or Full-Time National Guard		
Work Phone		Cell Phone			Email Address		DOB		
Primero School Students* RESIDING WITH PARENT/GUARDIAN IN THE ABOVE HOUSEHOLD									
*Include student(s) enrolling									
STUDENT LEGAL LAST NAME		STUDENT LEGAL FIRST NAME		GRADE		PARENT/GUARDIAN NAME (specify relationship to child below)		PARENT/GUARDIAN NAME (specify relationship to child below)	
						Relationship:		Relationship:	
						Relationship:		Relationship:	
						Relationship:		Relationship:	
						Relationship:		Relationship:	
CURRENT RESIDENCE STATUS									
(where student(s) reside majority of the time)									
<i>Residency is important as it can directly relate to rights under the McKinney-Vento Homeless</i>									
<input type="checkbox"/> House/Apt/Condo/Townhouse/Duplex/Motel/Hotel <input type="checkbox"/> Motel/Hotel due to loss of housing or financial hardship <input type="checkbox"/> Campground/RV/Car due to loss of housing or financial hardship <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing Program				<input type="checkbox"/> Are you living with friends/family due to loss of housing or financial hardship? <input type="checkbox"/> Are you a student not living with a parent or legal guardian due to loss of housing or family conflict? <input type="checkbox"/> Other, please describe _____					

**SECONDARY HOUSEHOLD
(Parent/Guardian that resides at another address)**

Residence Street Address				Apartment/Unit Number
City	State	Zip	County	Home Phone
Mailing Address (if using a P.O. Box)			WE PREFER OUR CORRESPONDENCE IN: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
City	State	Zip	County	
Parent/Guardian Last Name	Parent/Guardian First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Active Duty Armed Forces or Full-Time National Guard
Work Phone	Cell Phone	Email Address		DOB
Parent/Guardian Last Name	Parent/Guardian First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Active Duty Armed Forces or Full-Time National Guard
Work Phone	Cell Phone	Email Address		DOB

**Primero School Students* RESIDING WITH PARENT/GUARDIAN AT ANOTHER ADDRESS
*Include student(s) enrolling**

STUDENT LEGAL LAST NAME	STUDENT LEGAL FIRST NAME	GRADE	PARENT/GUARDIAN NAME (specify relationship to child below)	PARENT/GUADIAN NAME (specify relationship to child below)
			Relationship:	Relationship:
			Relationship:	Relationship:
			Relationship:	Relationship:
			Relationship:	Relationship:
			Relationship:	Relationship:

NON-HOUSEHOLD EMERGENCY CONTACT INFORMATION

PRIORITY	CONTACT NAME (Last Name, First Name)	GENDER	RELATIONSHIP	HOME PHONE	CELL PHONE
1					
2					
3					
4					

1. Please note that federal law requires that educational records concerning a child, be shared with a parent regardless of his/her custody.
2. By default, parents who reside at both the primary household and secondary household will be allowed to pick up the child from school.
3. Be aware that without prior notice or verification, students will not be release early during the day to anyone other than a parent/legal guardian.

Parent/Guardian Signature: _____

PRINT Parent/Guardian Name: _____ **Date** _____

STUDENT INFORMATION



COMPLETE ONE SET OF FORMS FOR EACH STUDENT ENROLLING

STUDENT ENROLLMENT FORM

Office Use Only	Enrollment Start Date:	Student Number:	Grade:	Elem Teacher:
------------------------	-------------------------------	------------------------	---------------	----------------------

STUDENT INFORMATION		
Student Legal Last Name:	Student Legal First Name:	Student Legal Middle Name:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Ethnic Background Hispanic/Latino? (Select one) <input type="checkbox"/> Yes <input type="checkbox"/> No
Race (select one or more):		
<input type="checkbox"/> Caucasian / White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Island / Native Hawaiian	<input type="checkbox"/> Black / African American <input type="checkbox"/> American Indian / Alaskan Native (Please complete 506 form) <input type="checkbox"/> Decline to answer	

PARENT/GUARDIAN IN PRIMARY HOUSEHOLD (parent(s) who reside with the student)			
Parent/Guardian Name:			
Relationship to Student:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	<input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Power of Attorney
Parent/Guardian Name:			
Relationship to Student:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	<input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Power of Attorney

PARENT/GUARDIAN IN SECONDARY HOUSEHOLD (parent(s) who reside at another household)			
Parent/Guardian Name:			
Relationship to Student:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	<input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Power of Attorney
Parent/Guardian Name:			
Relationship to Student:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	<input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Power of Attorney

By default, parents who reside at both the primary household and secondary household will be allowed to pick up the child from school.

I understand that in accordance with Federal Educational Rights and Privacy Act (FERPA), parents are entitled to access their child's education records unless the District is provided a court order specifically prohibiting them from doing so.

I hereby attest that all information I have submitted is accurate and complete to the best of my knowledge. I understand that falsifying any information may be grounds for expulsion.

Parent / Guardian Signature: _____

PRINT Parent / Guardian Name: _____ Date _____

STUDENT ENROLLMENT FORM

Continuous Enrollment Information

Continuous enrollment refers to the student being enrolled in a Colorado Public or United States Public school without a break enrollment for more than 10 days.

Student has been continuously enrolled in a Colorado Public School since: (month) _____ (year) _____

Student has been continuously enrolled in a United States Public School since: (month) _____ (year) _____

School History

Has this student ever applied to or been enrolled in Pre-School?

If yes, school attended: _____

Did this student use a different name? Please provide previous legal name: _____

Has this student previously attended PRIMERO SCHOOL?

If yes, Year attended: _____

Date Withdrawn: _____

Did this student use a different name? Please provide previous legal name: _____

Please list the last three schools attended, starting with the most recent (if applicable)

School Name: _____ Phone: _____ Fax: _____

Address: _____ City/State: _____

Date Withdrawn: _____ Grade: _____ Type: Private Public Other (circle one)

School Name: _____ Phone: _____ Fax: _____

Address: _____ City/State: _____

Date Withdrawn: _____ Grade: _____ Type: Private Public Other (circle one)

School Name: _____ Phone: _____ Fax: _____

Address: _____ City/State: _____

Date Withdrawn: _____ Grade: _____ Type: Private Public Other (circle one)

STUDENT ENROLLMENT FORM

Student Legal Last Name:	Legal First Name	Legal Middle Name
--------------------------	------------------	-------------------

Student Services Received

In order to provide your student with the appropriate academic setting, it is necessary to identify any special services they may have received their prior school. This student has received services for:

Special Education	Grade: _____	School: _____	Year: _____
English as a Second Language	Grade: _____	School: _____	Year: _____
Gifted/Talented	Grade: _____	School: _____	Year: _____
504 Plan	Grade: _____	School: _____	Year: _____
Literacy Plan	Grade: _____	School: _____	Year: _____
Early Childhood Education	Grade: _____	School: _____	Year: _____
Homeschooling	Grade: _____	School: _____	Year: _____
Summer School	Grade: _____	School: _____	Year: _____
Retained	Grade: _____	School: _____	Year: _____
Intervention	Grade: _____	School: _____	Year: _____
Title I	Grade: _____	School: _____	Year: _____
Title IX	Grade: _____	School: _____	Year: _____
Migrant	Grade: _____	School: _____	Year: _____

I verify that the information provided is true to the best of my knowledge:

Parent / Guardian Signature: _____

PRINT Parent / Guardian Name: _____ Date _____

Safe Schools Enrollment Form

Student Name (please print) _____

Grade _____

Date of Birth _____

Enrollment Eligibility

Please complete the Safe Schools Enrollment Form for each student you are seeking to enroll. This information assists staff in verifying each student's eligibility to enroll. Staff will contact each student's prior school to verify accuracy of the information you provide. Providing incomplete or inaccurate information may delay enrollment or may result in enrollment being revoked (terminated) at a later time.

Authority to Deny Admission

Colorado Law (C.R.S. 22-33-106.3) authorizes school districts to deny admission to student seeking enrollment under specific conditions.

Declaration of Eligibility

Please answer the following questions by circling either "Yes" or "No" to each questions. Based on your answers additional information may be requested.

- Yes No** 1. Has you student graduation from school, competed 12th grade, or received any other certificate of completion such as a general equivalency diploma (G.E.D.) of a secondary education program?
If "yes", please consult with enrollment staff.
- Yes No** 2. Is your student between the ages of 5 and 20 (not applicable for preschool programs)?
If "no" please consult with enrollment staff.
- Yes No** 3. Has your student been expelled, considered for expulsion or otherwise asked to withdraw from any school and/or district due to discipline, attendance, illegal behavior, or safety issues during the past 12 Months?
If "yes", school/district/state _____
Reason for expulsion: _____
Date(s) of expulsion: _____
If "yes", please consult with enrollment staff.
- Yes No** 4. Is your student a resident of Primero School District or has your student otherwise been formally granted a choice or transfer placemen in writing?
If "no" please consult with enrollment staff.
- Yes No** 5. Have you provided the documentation that has been requested regarding your student's immunization?
If "no" please consult with enrollment staff.

I verify that the information provided is accurate and true to the best of my knowledge. I further understand that providing false or incomplete information may delay enrollment or may result in my student's enrollment being revoked (terminated) at a later time.

Parent / Guardian Signature: _____

PRINT Parent / Guardian Name: _____ Date _____

Primer School District Home Language Survey

Student First Name

Student Last Name(s)

Date of Birth (MM/DD/YYYY)

Dear Parent(s) /Guardian(s):

Please answer the questions below accurately and completely. Registration is not processed until a completed Home Language Survey is received. This information is required by state and federal regulations and is only used to assist planning appropriate programs of instruction to meet the needs of the students. Please answer each question, sign and date the form and submit with other registration forms.

1. What languages other than English are spoken at home?	None:	Language(s):
2. What language(s) did your child speak when he/she began to talk?		
3. What language(s) does your child speak other than English? Please do not include "foreign languages" learned in school, on vacations, or from media.	None:	
4. What language(s) does your child understand other than English? Please do not include "foreign languages" learned in school, on vacations, or from media.	None:	Language(s):
5. Did your child attend school in another country?	No	Yes: What country? How Many Years? Language(s) used in instruction:
6. What is your preferred language of communication from the school?	English: Spanish Other: _____	
Any additional comments regarding the language(s) of your student or anyone else in the home:		

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date (MM/DD/YYYY)

**To ensure an equitable identification process for all students, all students must follow the same process. This includes, but is not limited to, international exchange, migrant, refugee, home school, online, charter, and adopted students.*

Primero School Health Inventory

Health Services

**All questions are voluntary and optional. Information provided through this form will be used to assess any health needs your child may have during the school day. School staff may contact parent(s)/guardian(s) for further clarification of relevant health information. Please notify school when there are significant changes to your child's health or medical needs.*

Child Name: _____		Date of Birth: _____		Age: _____		Gender: _____			
Grade: _____		Previous School/District Attended: _____							
Medical Insurance:		<input type="checkbox"/> Private Insurance		<input type="checkbox"/> CHP+		<input type="checkbox"/> Medicaid		<input type="checkbox"/> Uninsured	
Form completed by: _____									
			Name (Print)			Relationship to child			Date
Home Phone: _____			Work Phone: _____			Cell: _____			

MEDICAL DIAGNOSES:

Healthy Child – No concerns

Check ALL that apply:	Diagnosed by:	Diagnosis date:
<input type="checkbox"/> AD/HD Type: _____	Provider:	Date:
<input type="checkbox"/> Allergies: Type: <input type="checkbox"/> <i>Mild</i> <input type="checkbox"/> <i>Moderate</i> <input type="checkbox"/> <i>Severe</i> If yes, to what:	Provider:	Date:
<input type="checkbox"/> Asthma/Respiratory	Provider:	Date:
<input type="checkbox"/> Autism	Provider:	Date:
<input type="checkbox"/> Communicable Diseases: If yes please list	Provider:	Date:
<input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II	Provider:	Date:
<input type="checkbox"/> Enuresis (Bedwetting)/ Urinary Disorder	Provider:	Date:
<input type="checkbox"/> Epilepsy/Seizure Disorder	Provider:	Date:
<input type="checkbox"/> Headaches/Migraines	Provider:	Date:
<input type="checkbox"/> Hearing Loss / Ear infections	Provider:	Date:
<input type="checkbox"/> Heart Condition	Provider:	Date:
<input type="checkbox"/> Immune System Disorder	Provider:	Date:
<input type="checkbox"/> Mental Disorder	Provider:	Date:
<input type="checkbox"/> Neuro / Muscular Disorder	Provider:	Date:
<input type="checkbox"/> Skin Conditions	Provider:	Date:
<input type="checkbox"/> Stomach/Bowel Disorder/ Encopresis (Soiling)	Provider:	Date:
<input type="checkbox"/> Syndromes: If yes please list	Provider:	Date:
<input type="checkbox"/> Traumatic Brain Injury	Provider:	Date:
<input type="checkbox"/> Other:	Provider:	Date:

MEDICATIONS **No Medications**

Drug Name	Dosage	Time(s)	Reason

MEDICAL CARE REQUIRED AT SCHOOL: **No Medical Care Required**

Medical Care Required:	Comments:
<input type="checkbox"/> Medication	
<input type="checkbox"/> Nebulizer Treatment	
<input type="checkbox"/> G-Tube Feedings	
<input type="checkbox"/> Catheterization	
<input type="checkbox"/> Oxygen	
<input type="checkbox"/> Oral Suction	
<input type="checkbox"/> Assist with Feeding	
<input type="checkbox"/> Toileting / Diapering	
<input type="checkbox"/> Other	

Any additional health related concerns or comments you wish to share about your child:

Check here if you give permission to the school nurse or liaison to administer over the counter medication to your child i.e. Ibuprofen, Tylenol for minor afflictions.

**All prescription medication administered at school require both a written physician order and written parent permission.*

***It is the responsibility of the Parent/Guardian to contact the Transportation Department at (719) 868-2715 to inform them of any health conditions if your child rides the bus.*

Parent/Guardian Signature: _____ **Date:** _____

Student Dismissal Precautions

Parent(s)/guardian(s) may specify up to four (4) people to whom their child/children may be released upon request. In addition parents may list two (2) bus stops other than the regular bus stop where their child/children may be dropped off upon parental request. Such request must be made in writing or via phone call by 2 p.m.

STUDENT'S NAME: _____ Grade: _____

The following are names (First, Middle Initial, Last) of people who may pick up my child/children upon request:

1. _____

2. _____

3. _____

4. _____

*** If you decide to make any changes to this information you will need to do it in person.**

My child/children may be dropped off at one of the following bus stops upon my request:

Note: Bus change requests must be made by 2 p.m.

1. _____

2. _____

**A photo ID may be requested for verification of identity.

PLEASE FILL IN THE FOLLOWING INFORMATION FOR OUR SCHOOL MESSENGER SYSTEM, WHICH WE WILL USE TO NOTIFY YOU OF SCHOOL DELAYS OR CANCELLATIONS DUE TO INCLEMENT WEATHER, AS WELL AS TO REMIND YOU OF VARIOUS EVENTS, INCLUDING PARENT-TEACHER CONFERENCES, TEST DATES, AND MORE

What you need to know about receiving calls through the system

- Caller ID will display the school's main number when general announcement is delivered.
- Caller ID will display 411 if the message is an emergency.
- The system will leave a message on any answering machine or voicemail and will also send an email reminder

Primary phone number	()	Does this number receive text messages? Yes / No
Emergency phone 1	()	Does this number receive text messages? Yes / No
Emergency phone 2	()	Does this number receive text messages? Yes / No
Emergency phone 3	()	Does this number receive text messages? Yes / No
Email address		

Student Use of the Internet and Electronic Communications (Annual Acceptable Use Agreement)

Student

I have read, understand and will abide by the district's policy on Student Use of the Internet and Electronic Communications. Should I commit any violation or in any way misuse my access to the school district's technology devices, including use of the Internet and electronic communications, I understand and agree that my access privileges may be revoked and disciplinary and/or legal action may be taken.

If I am 18 years or older, I hereby release the school district from all costs, claims, damages or losses resulting from my use of district technology devices, including use of the Internet and electronic communications, including but not limited to any user fees or charges incurred through the purchase of goods or services.

Your signature on this Acceptable Use Agreement is binding and indicates you have read the school district's policy on Student Use of the Internet and Electronic Communications and understand its significance.

Student's Name (printed)

Date of Birth (day/mo/yr)

Student's Signature

Date

Parent or Guardian

If the user is under 18 years of age, a parent or guardian must also sign this Agreement.

As the parent or guardian of this student, I have read the district's policy on Student Use of the Internet and Electronic Communications. I understand that access to the Internet and electronic communications is designed for educational purposes and that the school district has taken reasonable steps to block or filter material and information that is obscene, child pornography or otherwise harmful to minors, as defined by the Board. I also recognize, however, that it is impossible for the school district to prevent access to all materials or information I might find harmful or controversial and I agree not to hold the district responsible for any such materials and information accessed by my child. Further, I accept full responsibility for supervision if and when my child's Internet or electronic communications use is not in a school setting.

I hereby release the school district from all costs, claims, damages or losses resulting from my child's use of district technology devices, including use of the Internet and electronic communications, including but not limited to any user fees or charges incurred through the purchase of goods or services.

I hereby give permission to issue an Internet and electronic communications account for my child and certify that the information contained on this form is true and correct.

Your signature on this Acceptable Use Agreement is binding and indicates you have read the district's policy on Student Use of the Internet and Electronic Communications carefully and understand its significance.

Parent/Guardian's Name (printed)

Parent/Guardian's Signature

Date

[Revised November 2012]

THIS AGREEMENT IS ONLY VALID FOR THE CURRENT SCHOOL YEAR

PRIMERO SCHOOL DISTRICT

Anti-Bullying Pledge – Students

We the students of Primero School District agree to join together to stamp out bullying at our school.

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

Bullying can be pushing, shoving, hitting, and spitting as well as name calling, picking on, making fun of, laughing at, and excluding someone. Bullying causes pain and stress to victims and is never justified or excusable as “kids being kids”, “just teasing”, or any other rationalization. The victim is never responsible for being a target of bullying.

By signing this pledge, we the students promise to:

1. Value student differences and treat others with respect.
2. Not become involved in bullying incidents or be a bully.
3. Be aware of the school’s policies and support system with regard to bullying.
4. Report honestly and immediately all incidents of bullying to a faculty member.
5. Be alert in places around the school where there is less adult supervision such as bathrooms, corridors and stairwells.
6. Support students who have been or are subjected to bullying.
7. Talk to teachers and parents about concerns and issues regarding bullying.
8. Work with other students and faculty, to help the school deal with bullying effectively.
9. Encourage teachers to discuss bullying issues in the classroom.
10. Provide a good role model for younger students and support them if bullying occurs.
11. Participate fully and contribute to assemblies dealing with bullying.

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.

Signed by: _____

Print Name: _____

Date: _____

PRIMERO SCHOOL DISTRICT

Anti-Bullying Pledge – Parents

We the parents of Primero School District agree to join together to stamp out bullying at our school.

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

Bullying can be pushing, shoving, hitting, and spitting as well as name calling, picking on, making fun of, laughing at, and excluding someone. Bullying causes pain and stress to victims and is never justified or excusable as “kids being kids”, “just teasing”, or any other rationalization. The victim is never responsible for being a target of bullying.

By signing this pledge, I/We the parent/guardian promise to:

1. Keep ourselves and our children informed and aware of school 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 their children’s behavior or circumstances at home that may change a child’s behavior at school.
5. Alert faculty if any bullying has occurred.
6. Be aware that the most effective strategy in dealing with bullying comes from cooperation between the school and I/us. (The only way to ensure the school knows of a particular situation is if I/we make certain that they are aware of the same facts.)

Signed by: _____

Print Name: _____

Date: _____