

Griffin-Spalding County Schools

Chronic Discipline Contract

School Year: _____

The purpose of this contract is to help me be a successful student at _____. I, _____, acknowledge that I have been designated as a chronic discipline student because of:

- ____ 1. Insubordination and/or disrespect for authority
- ____ 2. Repeated failure to comply with disciplinary actions
- ____ 3. Classroom disruption
- ____ 4. Fighting/horseplay/Hitting/Aggression
- ____ 5. Possession of Tobacco/Drugs/Alcohol/Weapons/Unapproved Items
- ____ 6. Gang Activities
- ____ 7. Inappropriate Language or Behavior

In order to continue to be enrolled at _____, I agree to abide by the rules and policies of _____ and the Griffin-Spalding County School System. I further agree to the following:

- 1. I will abide by Discipline Intervention Plan that has been developed.
- 2. I will obey and follow instructions of any and all school/system staff while at school or on the school bus.
- 3. I will seek the assistance of my teachers, counselors, and administrators.

I fully understand that should I fail on any of the above commitments, I will be expected to be referred to a Disciplinary Tribunal Hearing.

Student Signature

Date

I am the parent or legal guardian of the above student, and I fully understand and support the content and purpose of this contract. I understand that my child will be referred to a Disciplinary Tribunal Hearing should he/she violate this contract.

**Parent signatures acknowledge notification of Chronic Discipline Problems, invitation of parent or guardian to observe the student in classroom situation, and participation in a conference to devise a chronic discipline behavior intervention plan.

Parent Signature

Date

Administrative Signature

Date

Counselor Signature

Date

