

### SAMPLE SCHOOL-BASED STAY AWAY AGREEMENT

This agreement is designed to increase safety for students who have been the victim bullying. It is administered in a conference with the alleged perpetrator and his/her parent(s) or legal guardian(s).

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Date of the incident: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Description of behaviors involved in the incident: \_\_\_\_\_

\_\_\_\_\_

In order to protect the rights and safety of all members of our school community, you are required to stay away from \_\_\_\_\_ (name(s) of victim) 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 the student(s) named above at school or on school property, school buses, school bus stops, or at school-related events.

In addition, the following actions are effective immediately (mark N/A if not applicable):

Arrival/Departure Time: \_\_\_\_\_ Entrance: \_\_\_\_\_

Bus/Parking #: \_\_\_\_\_

Current Schedule /New Schedule (print and attach)

Lunch: \_\_\_\_\_

Locker: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Other disciplinary actions: \_\_\_\_\_

Violations of this agreement and/or acts of retaliation directly or indirectly toward the victim or the victim's friends or family members will be taken seriously and will result in further school disciplinary or legal actions, Your compliance will be monitored by \_\_\_\_\_ (name and staff title).

Agreement is valid from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_