



School Safety Pledge

ELEMENTARY SCHOOL

- ✓ I will help to make my school a safe place for everyone.
- ✓ I will tell a trusted adult if someone or something makes me or another person else feel unsafe.
- ✓ I will tell a trusted adult if a person brings something to school that could hurt someone else.
- ✓ I will treat others with kindness and respect.
- ✓ I will not bully, tease, or hurt anyone with my words or actions.
- ✓ I will tell a trusted adult if I see someone bullying, teasing, or hurting another person with their words or actions.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parents/guardians help your student identify trusted adults that they can talk to.



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PARENTS/GUARDIANS

Recognizing the important role that a parent or guardian plays in helping to maintain a safe learning environment at school, I hereby pledge that:

- ✓ I will demonstrate respect for others and encourage discussion about the importance of tolerance towards those who have different beliefs from our own.
- ✓ I will take positive action against violence directed at any person, or any physical or verbal abuse based upon race, creed, gender, or any other characteristic.
- ✓ I will support violence prevention and safety promotion strategies in the schools and communities in my area.
- ✓ I will help the school develop programs to prevent and eliminate violence.
- ✓ I will support the school's policies on guns and weapons and focus upon the responsibilities we all have when dealing with guns and weapons.
- ✓ I will take seriously any reports of weapons or violence at school.
- ✓ I will immediately contact the school if my child tells me about any bullying activity, including inappropriate use of technology.
- ✓ I will model and encourage positive conflict management skills.
- ✓ I will discuss with my child the need for vigilance in the steps taken when reporting a suspicious incident.
- ✓ I will be a positive role model for my child and show respect and courtesy to all the students and staff at school.

Parent/Guardian Signature _____ Date _____

Student Name _____ Grade _____

