



The Pavilion
BEHAVIORAL HEALTH SYSTEM

The Pavilion Foundation School

Anti-Bullying Policy Agreement

STUDENT

I understand and will abide by the Pavilion Foundation School Anti-Bullying Policy. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, school disciplinary action and/or legal action may be taken.

Student's Full Name (please print): _____

Student's Signature: _____ Date: _____

PARENT OR GUARDIAN

As the parent or guardian of this student, I hereby attest to have read and understood the Pavilion Foundation School Anti-Bullying Policy. Should my student commit any violation, I understand that school disciplinary and/or legal action may be taken.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ Date: _____