

PARENTS IN PARTNERSHIP PLEDGE

We, the parents of a Hendricks County student(s), pledge to actively support youth, our schools, law enforcement and community efforts to create a healthy atmosphere for our children. We join with other parents in this community in pledging to create a healthy atmosphere in which the use of drugs and alcohol by youth is neither tolerated nor dismissed as the "norm." The following are some of the things we will do to keep all of our children safe:

- We will develop a clear position in our families prohibiting drug and alcohol use among minors and will communicate it to our children.
- We will not allow children to bring and/or consume alcohol or drugs in our homes, on our property, or under our supervision.
- We will actively chaperone teen parties/activities whether in our homes or elsewhere and will not permit parties when we are not present. We will encourage any parties to be "invitation only."
- We will not allow children to bring open containers of drinks, even those that appear to be non-alcoholic, in to our homes. Instead, we will provide appropriate refreshments.
- We will call on another if we suspect that the other's child has been drinking, is under the influence of drugs, or exhibits other destructive behaviors. We will make arrangements for the child's safe return home.
- If we hear of parties or sleepovers that are planned by one another's children, we will call to find out whether these parties are parent-approved and learn of plans for supervision.
- We may call each other ANYTIME, NIGHT OR DAY, if we are concerned about the whereabouts of our children and if we feel the other might provide information.
- If we have information about destructive behaviors of children, with the intent to keep children safe, we will call the parents and share what we know or suspect.'
- We acknowledge our power as role models and will act responsibly.

-----PLEASE CUT HERE AND RETURN SIGNED PLEDGE BELOW-----

By signing this contract, I undersigned that my name, address and phone number will be published in the Parents In Partnership Directory for my school district and will be distributed to the other parents who share my commitment to this pledge. I agree to make the phone calls to stay connected with other parents to help keep our children safe. I also agree to treat all parents who call me for any of the reasons outlined above with respect.

MOTHER:

FATHER:

(Printed Name)

(Printed Name)

(Signature)

(Signature)

CHILDREN'S NAMES:

<u>LEGAL NAME</u> (first & last)	<u>SCHOOL</u>	<u>LEGAL NAME</u> (first & last)	<u>SCHOOL</u>
_____	_____	_____	_____
_____	_____	_____	_____

ADDRESS: _____

EMAIL: _____ @ _____

HOME PHONE NUMBER: _____

_____ I have included a donation to assist with the cost of printing and mailing of the PIP Directory
(Payable to: HCSATF) \$1.00 ___ \$5.00 ___ \$10.00 ___ Other _____
Turn in to the school office or mail to: Rosie Fakes, Cascade High School, 6565 S. CR 200 W., Clayton, IN 46118

Note: Only one form needed per family, no matter whether children attend different schools.

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