

JACKSON COUNTY BOARD OF EDUCATION
Student Code of Conduct Contract
for Students and Parents

I, _____, WVEIS _____
(Print Student Name) *(Print Student Number)*

hereby affirm that I have read and/or have had read to me Jackson County Policy File: 5500 Student Conduct, or a summary thereof, and have been given a copy of that summary for my own personal use and reference. I also understand copies of this policy and West Virginia Board of Education Policy 4373 are available on the Jackson County Board of Education website at <http://boe.jack.k12.wv.us> I understand the terms set forth in the Student Code of Conduct, including the consequences for violating the provisions set forth therein. I hereby agree to abide by these terms.

Student's Signature _____ Date _____

I, _____, hereby affirm that I
(Print Parent/Guardian Name)

have read and / or have had read to me Jackson County Policy File: 5500 Student Conduct, or a summary thereof, and have been given a copy of that summary for my own personal use and reference. I understand the terms set forth in the Policy 5500 Student Conduct, including the consequences for violating the provisions set forth therein. I have discussed these terms with my child, _____ and hereby agree to cooperate in his/her compliance with these terms.
(Print Student Name)

I have received and shared with my child the brochures regarding Jackson County Schools' Tobacco Control, Safe Schools and Substance Abuse Policies. I have also received contact information for the West Virginia Safe Schools Hotline.

Parent/Guardian's Signature _____ Date _____

****PLEASE RETURN TO YOUR CHILD'S SCHOOL BY SEPTEMBER 6, 2019****