

ANTI-BULLYING PLEDGE

I understand that bullying in any form is against State, District and School rules.

I agree to stamp out all types of bullying. I believe that everyone should be able to enjoy school, feel safe, secure, and accepted regardless of gender, ethnicity, popularity, athletic ability, intelligence, religion or nationality.

By signing this pledge I agree to:

-**S**upport students who are bullied
-**T**each by example treating others with respect
-**O**pen my eyes and be alert to all incidents of bullying
-**P**revent bullying by reporting any suspicious behavior

Signature _____ Date _____

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