7 Spartanburg School District SEVEN

Spartanburg School District Seven

Behavior Contract

Student: _____ Date: _____ School: _____ Grade: _____

The administration, faculty, and staff of all Spartanburg District Seven schools will . . .

➤ Provide guidance, counseling, and appropriate interventions for students.
➤ Contact parents on a regular basis for academic, behavioral and social concerns.
➤ Provide a safe and orderly learning environment to promote student success.
➤ Respect all students, parents, and guardians.

The student will abide by the following terms:

BEHAVIORAL

➤ I will come to school daily and be on time.
➤ I will obey all classroom rules, regulations, and directives.
➤ I will respect school property and the property of others.
➤ I will treat others with respect.
➤ I will not violate the electronic device policy. (cell phones, etc.)
➤ I will demonstrate respect for all school officials.
➤ I will adhere to all school rules, regulations and procedures, as outlined in the Student Behavior Code.
➤ Other:

_____

_____

_____

ATTENDANCE / PUNCTUALITY:

I have _____ absences and _____ tardies. If I continue to be absent or tardy, I know I will be referred for a (SAIP) Student Attendance Intervention Plan (excludes approved absences) or assigned to detention hall, respectively.

If I fail to maintain any of the objectives above, I will be subject to all or any of the following:

➤ Detention Hall and/or Saturday School
➤ Suspension (In School & Out of School)
➤ Referral for Truancy Court
➤ Referral for Expulsion
➤ Referral to Spartanburg County Alternative School
➤ Items confiscated for various periods of time
➤ Other:_____

*I accept and understand this contract:

_____   _____
Student Signature   Date

_____   _____
Principal/Designee   Date

_____   _____
Parent Signature   Date

*District Seven has apprised the student's parent(s) of the expected behavior as a condition of continued attendance. The student and parent(s) will be held to the expected behavior whether or not the student or parent signs this contract.

➤ White – Principal Copy   Yellow – Parent Copy ◄

Spartanburg
School District **SEVEN**

610 Dupre Drive
Spartanburg, SC 29307
PO Box 970
Spartanburg, SC 29304
p 864.594.4400
f 864.594.4406
spartanburg7.org

The actual letter head has
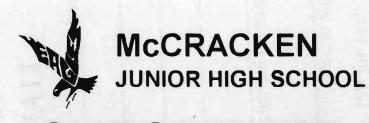a watermark of the gold & blue "7".

Spartanburg
District **SEVEN**
School

PO Box 970
Spartanburg, SC 29304

SPARTANBURG COUNTY SCHOOL DISTRICT NO. 7
PARENT/GUARDIAN PERMISSION FORM FOR STUDENT FIELD TRIPS

Dear Parent/Guardian:

During the school year, _____ School will sponsor various field trips which will require that students leave the school campus. Field trips are instructional activities which relate to the school performance goals and to the curriculum for a particular subject area, club, or grade level. These trips must be requested by the sponsoring teacher(s) and approved by appropriate personnel prior to the date of the trip. Local, one-day trips are approved by the school principal; out-of-town, multiple-day trips are also approved by the Superintendent (or designee) and the Board of Trustees.   Teachers sponsoring field trips are required to give careful attention to planning the trip and to providing adequate supervision for students. <u>If the field trips involve a water activity, special procedures will be followed by the teacher, and you will be provided with a detailed description of the activities on the attached form.</u>

Field trips requiring transportation will use state operated school buses, school activity buses, or other District-owned and operated vehicles, wherever possible. Although these vehicles are insured by the District, we strongly encourage parents to obtain either school or private insurance for the additional protection of their students. See your school principal for further information on school insurance.

Please complete the following information and return:
Please check the appropriate space indicating your decision regarding participation of your child in the field trip described on Form A or B. Also, if your child has special health or medical problems, please write a protocol for the care of your child on this trip.

_____   1. _____ in grade _____
          (Name of Student)
has my permission to participate in the field trip described on Form A or B, including any water activities listed. In the event that my child is injured or becomes ill during the trip, the school sponsor has my permission to obtain the best available medical attention for my child. I know of no reason why my child should not participate in the activities set forth on Form A or B.

_____   _____
Parent/Guardian signature   *Date*
Print Name   _____
Address   _____
Phone Numbers   H _____   W _____

Other Contact   _____
Address   _____
Phone Numbers   H _____   W _____

Student Allergies: _____
Student Medication: _____
Name of Insurance: _____   Policy # _____

_____   2. _____ in grade _____
          (Name of Student)
does not have my permission to participate in the field trip described on Form A or B.

_____   _____
Parent/Guardian signature   *Date*

McCRACKEN
JUNIOR HIGH SCHOOL

SUBSTITUTE
NAME:_____
DATE:_____
CLASS:_____