THS Graduation Behavior Agreement

(We/I) acknowledge that my/ our child will be eligible to participate in the graduation exercise provided that he/she has met all the graduation requirements prior to the ceremony.

(We/I) further acknowledge the behavioral expectations for my/ our child while participating the 2023 – 2024 graduation exercise. I have read and understand the expectations. I understand my child will be punctual for any and all practices prior to graduation in order to participate. My child will abide by the expectations as stated in Bristol Tennessee City Schools Policy #7.132.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Student Name Date Homeroom Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent(s)/Guardian(s) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address Home Phone Number

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Cell Phone Number

**This form should be returned to your homeroom teacher or Mrs. Ketchum in the principal’s office no later than Friday, March 15, 2024.**

Graduation Behavior Agreement