

Student Pledge

Anti-Bullying Pledge - Students

We the students of **Susquehanna Community School District** agree to join together to end bullying at our school.

We believe that everybody should enjoy our school equally, and feel safe, secure and accepted regardless of color, race, gender, popularity, athletic ability, intelligence, sexual orientation, disability, religion and nationality.

Bullying can be pushing, shoving, hitting, and spitting, as well as name calling, picking on, making fun of, laughing at, and excluding someone. Bullying causes pain and stress to victims and is never justified or excusable as "kids being kids," "just teasing" or any other rationalization. The victim is never responsible for being a target of bullying.

By signing this pledge, we the students agree to:

Value student differences and treat others with respect.

Not become involved in bullying incidents or be a bully.

Be aware of the school's policies and support system with regard to bullying.

Report honestly and immediately all incidents of bullying to a faculty member or complete a bully report.

Be alert in places around the school where there is less adult supervision such as bathrooms, hallways, school bus, etc.

Support students who have been or are subjected to bullying.

Talk to teachers and parents about concerns and issues regarding bullying.

Work with other students and faculty, to help the school deal with bullying effectively.

Provide a good role model for younger students and support them if bullying occurs.

I acknowledge that whether I am being a bully or see someone being bullied, if I don't report or stop the bullying, I am just as guilty.

Student Signature: _____

HR Teacher: _____

Print name: _____

Date: _____