

Behavior Contract

| I understand that respec | t is one of the | most important | parts of being | an Achiever |
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- 1) I will respect all of the volunteers...
 - by listening to them (not texting, talking to friends, or working on something else).
 - by obeying them (quickly, and without complaining).
- 2) I will respect my fellow Achievers...
 - by offending no one on purpose (for their beliefs, their families, themselves, or any mistakes they make).
 - by encouraging them at every chance I get.
- 3) I will respect myself...
 - by working hard and doing my best each week.
 - by avoiding the use of curse words and inappropriate language.
- 4) I will respect my school...
 - by obeying its rules.
 - by taking care the property it lets me use.
- 5) I will respect the whole group...
 - by being courteous (saying "please," "thank you," "hello," and "goodbye").
 - by asking permission before using anything that doesn't belong to me.
 - by asking permission before I leave the group
 - by always telling the truth.
 - by turning off all electronics before we start.
 - by understanding that this program is a privilege, and that I am here to become the best person I can be.

I have read, understand, and agree to abide by the rules and guidelines of the Adelante Hispanic Achievers Program. I understand that if I fail to follow the rules and guidelines, I will not be allowed to participate in group activities and/or may be asked to leave and have my parent/guardian contacted to pick me up.

| be asked to leave and have my parent | /guardian contacted to pick me up. | |
|---|--|---|
| Signature of Student | Date | |
| and staff working with my child/youth allowed to participate in the group act guardian of | . I understand that if my child does not tivity, I will be contacted, and/or he/s , release from any liability the | gram and agree to support the adult volunteers of abide by the guidelines, he/she will not be he will be sent home. I/We, the parents or legal Adelante Hispanic Achievers, Lassiter MS, or the e event of an accident during their time in the |
| Signature of Parent/Guardian | Date | |