



**School Name**  
**HOUSTON INDEPENDENT SCHOOL DISTRICT**  
**SCHOOL-BASED STAY AWAY AGREEMENT**

The intent of this agreement is to **increase safety** for students who have been the target of severe or repeated bullying, sexual harassment or dating violence. It is to be administered by the Principal or the Principal’s designee in a conference with the offending student and his or her parent.

Name of Student: \_\_\_\_\_

Student ID: \_\_\_\_\_

Date of most serious incident: \_\_\_\_\_

Description of behaviors involved in incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of assessment by Principal or designee: \_\_\_\_\_

Date of Parent Notification: \_\_\_\_\_

In order to protect the rights and safety of all members of our school community, you are required to stay away from (**name of targeted student**) at all times during the school day and at any school-sponsored event. This means that you may not approach, talk to, sit by or have any contact with (**name of targeted student**) at school or on school property, school busses and bus stops.

In addition, the following actions are effective immediately (list schedule changes, disciplinary and or restitution actions)

Current Schedule	New Schedule
<b>Advocacy</b>	
<b>A1</b>	
<b>A2</b>	
<b>A3</b>	
<b>A4</b>	
<b>B1</b>	
<b>B2</b>	
<b>B3</b>	
<b>B4</b>	

**Other Disciplinary Actions:**

Violations of this agreement and acts of retaliation directly or indirectly toward the target or the target's friends or family members will be taken seriously and will result in further disciplinary actions. Your compliance will be monitored by:

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(Name and Title of School Staff)

Agreement is valid from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

This Agreement will be reviewed on \_\_\_\_\_ (date)

**Signatures**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Principal  
Assistant Principal  
Counselor