



## PLEDGE TO STOP BULLYING

This contract will be a record of your commitment to reduce bullying in your school. Read each item carefully. Then choose whether you want to sign this pledge. If you decide that you want to help stop bullying, print your name on the line below and then sign the bottom of the sheet in the space provided. By doing so, you are making a promise to your peers and to your school community. We congratulate you for your brave and important decision!

I, \_\_\_\_\_, wish to reduce bullying in my school,

\_\_\_\_\_  
(Print your name here)

\_\_\_\_\_  
(Name of school)

### ***I agree to:***

1. Do my best to treat ALL my peers with respect and dignity.
2. Not isolate, threaten, or harm my peers, or hurtfully tease, exclude, insult, or mock them.
3. Try to prevent or discourage my peers from humiliating, threatening, isolating, or harming others.
4. Try to assist any student who is being mistreated for the simple reason that it is wrong to be unkind to another human being.
5. If I am comfortable doing so, inform my parent/guardian, teacher, or school administrator when I learn about or see hurtful behavior.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today's Date