

**RETURN THIS FORM ALONG WITH APPLICATION AND HEALTH FORM  
TO MR. POWERS BY TUESDAY, OCT., 7<sup>TH</sup>!**

**Dear Parents/Guardians:**

**We feel it is important to have the parents/guardians of our students know the regulations governing the participation of their sons/daughters in co-curricular activities and competitions.**

**We ask that you sign your name to this copy of the code indicating you have read and understand the code. We support your son/daughter in meeting these standards.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

**CO-CURRICULAR STUDENT CONDUCT**

**I shall strive to be successful in all academic endeavors.**

**I shall not:**

**Use or possess tobacco or a look-alike.**

**Use or possess an alcoholic beverage or a look-alike.**

**Use or possess an illegal controlled substance, paraphernalia or a look-alike.**

**Use or possess a weapon or a look-alike. \***

**Conduct myself in a manner in and/or out of school, which brings discredit to myself, my parents/guardians, the school, and to the team or co-curricular group.**

**\*Legal and sanctioned uses are excluded.**

**Please sign & date this copy of the code indicating you have read it and are prepared to meet these standards and/or serve the consequences stated for violations of this code.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Current Grade)

\_\_\_\_\_  
(Signature of Student)

**Please list the co-curricular activities you plan on participating in this school year.**

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