



John Adams High School
An International Baccalaureate School
A PBIS School
 Rockaway Boulevard and 102nd Street
 Ozone Park, New York 11417



Daniel Scanlon
 Principal

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Student Academic/Behavioral Contract

Student Name	Student Birth Date	Student Official Class
Student Address	School John Adams High School (27Q480)	
Parent/Guardian Name	Parent/Guardian Phone Number(s)	

It is with complete understanding that I sign this, knowing that further violations of school rules and Chancellor's regulations.

I know that I have a right to:

- Be in a safe and supportive learning environment, free from discrimination, harassment and bigotry; know what is appropriate behavior and what behaviors may result in disciplinary actions;
- Be counseled by members of the professional staff in matters related to my behavior as it affects my education and welfare within the school;
- Due process of law in instances of disciplinary action for alleged violations of school regulations for which I may be suspended or removed from class.

I also understand that if my child's absences exceed 10 days, future absences can only be excused by presenting a doctor's note. Absences without a doctor's note will be considered unexcused absences even if I send my child to school with a parent note.

Student — I will:

- Come to school and attend all classes on time.
- Be prepared with appropriate materials and assignments for all classes.
- Follow all school rules every day.
- Show respect to all members of the learning community.
- Resolve conflicts peacefully, and avoid fighting inside or outside of the school or at program sites.
- Behave respectfully, without arguing, and cooperate when a staff member gives direction or makes a request.
- I understand that I will be given an opportunity to voice my concerns at an appropriate time.
- Take responsibility for my personal belongings and respect other people's property.
- Dress appropriately and not wear any suggestive clothing including skinny tank-tops, midribs, short-shorts or mini-skirts.
- Share information with school officials that might affect the health, safety or welfare of the school community.
- Meet regularly with teachers, administrators, teachers, counselors, and/or tutors as directed.
- Take progress report and report cards home for parent/guardian signature and return it to school.
- Complete all class assignments and homework.
- Attend any homework help sessions I am referred to at the school site.
- Follow all rules in the Discipline Code.
- Behave responsibly as described in the Bill of Student Rights and Responsibilities.
- Other: _____
- Other: _____

I have been made aware that I can access the [Discipline Code](#) and [Bill of Student Rights and Responsibilities](#) at www.schools.nyc.gov.

-----{Parent Section}-----

Parent/Guardian — I will:

- Cooperate with school/district officials when I am contacted about my child's attendance or behavior.
- Ensure that my child attends school every day.
- Notify school when my child is absent and provide a doctor's note to excuse absences if required.
- Attend school meetings for my son/daughter)as requested, if absences continue
- Attend parent conferences when requested.
- Excuse my child only for valid reasons.
- Provide time and space at home for my child to complete homework.
- Discuss appropriate behavior and attendance expectations with my child.
- Encourage my child to to be a respectful member of the school community.
- Provide school with current telephone numbers and emergency contact information
- Alert the school if there are any significant changes in my child's health, or well-being that affect his/her ability to perform in school.

Other: _____

Other: _____

I have been made aware that I can access the Discipline Code and Bill of Student Rights and Responsibilities at www.schools.nyc.gov.

-----{School Section}-----

School — I will:

- Monitor my student attendance and behavior.
- Contact parents regarding student attendance and behavior as necessary.
- Provide academic support to students.
- Identify and provide academic and behavioral interventions to students as needed.

Other: _____

Other: _____

Signatures:

Student _____ Date _____

Parent _____ Date _____

Parent _____ Date _____