

**Chantilly High School
Safe and Drug Free Parent Agreement
2009-2010**

***I am aware that underage drinking is a problem for Chantilly High School and the surrounding community. I want to do my part in helping to make a difference...and hopefully save a life!**

***I encourage phone calls from other parents at any time concerning social activities in my home. I want my home to be a safe gathering place for all students.**

***I will actively chaperone socializing in my home. I will not allow alcohol or drugs to be consumed by teenagers while under my supervision.**

This agreement is in no way meant to provide legal recourse. It indicates my concern and interest in maintaining the health and safety of the youth in our community.

Parent/Guardian *Signature*

Parent/Guardian *Signature*

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Student's Full Printed Name(s) and Grade(s)

Date: _____

The names of parents/guardians who have signed the CHS PARENT AGREEMENT will be listed on the PTSA and the Chantilly HS websites. Return your signed agreement to your child's 1st period A day teacher or mail to:

**Chantilly High School PTSA
4201 Stringfellow Road
Chantilly, VA 20151**