

**James Madison High School
Parent Agreement
2008 - 2009**

*I am aware that underage drinking and drug use are problems at Madison 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 other drugs to be consumed by teenagers while under my supervision.

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

Mother's/Guardian's Signature

Father's/Guardian's Signature

Mother's/Guardian's Printed Name

Father's/Guardian's Printed Name

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

Date: _____

Names of parents/guardians who have signed the agreement will appear on the JMHS website. Please return your signed agreement to the Vienna-Madison Community Coalition mailbox in the JMHS Main office or mail to:

**Vienna-Madison Community Coalition
2500 James Madison Drive
Vienna, VA 22181**

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