

Please join the WSHS Community Coalition, the WSHS PTSA and the WS District Police in signing this parent agreement. As a community, let's keep our children safe.

(There will be a copy of this agreement in your packet at Spartan Spree or make a copy of this one and bring it to the school or mail it.

**West Springfield High School
Safe and Drug Free Parent Agreement
2009-20010**

***I am aware that underage drinking is a problem for West Springfield 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: _____

Parents/guardians who sign the WSHS PARENT AGREEMENT will be noted in the student directory with an *asterisk next to their child's name. Please return the signed agreement to the school's office or mail by September 9th to:

**West Springfield High School PTSA
6100 Rolling Road
Springfield, VA 22152**