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Bullying Prevention & Intervention Plan

ACKNOWLEDGEMENT

I have carefully read The Education Cooperative Bullying Prevention & Intervention Plan with my son/daughter. We understand that acts of bullying and cyber bullying are prohibited at TEC and have read the reporting obligations of students, parents/guardians, and staff.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____