



# ANTI-BULLYING POLICY ACCEPTANCE FORM

## 2019/2020

Name: \_\_\_\_\_

Year: \_\_\_\_\_

Has read the Anti-bullying Policy of Presentation Secondary School Listowel and has discussed it with my parent(s)/ guardian(s).

I will abide by it fully.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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I/we, the parent(s)/guardian(s) of \_\_\_\_\_  
have read the Anti-bullying Policy with \_\_\_\_\_. We accept  
that she is enrolled into the school in accordance with the terms of the Policy.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO YOUR CLASS TUTOR**