



WESTON HIGH SCHOOL LEADERSHIP PLEDGE

Name of Student: _____ Faculty Advisor: _____

Leadership Position: _____

Serving in a leadership position at Weston High School is an honor as well as a responsibility. We ask students to first consider the responsibilities and expectations and then commit to them by signing the following leadership pledge:

I understand that holding a position of leadership carries with it more responsibility than being a member of a club or organization. Members of our school, as well as the greater school community, look up to me as a leader and role model. I will do my best to exemplify the qualities that the administration, faculty, and school community expect of me. I pledge to adhere to the following expectations for the entire school year:

- *To make positive choices related to physical and mental wellness; and*
- *To remain chemical free. I will not use tobacco, nicotine delivery systems, vapor products, alcohol, illegal drugs, or controlled substances for which I do not have a prescription. I will not host or attend functions where under-age drinking and/or illegal drug use is/are occurring.*

I understand that failure to meet the above expectations will result in being immediately removed from my position of leadership.

I also pledge to:

- *Contribute to our school in a collaborative, inclusive and respectful manner;*
- *Adhere to the attendance rules that state I must be in school for at least 3 hours and/or at least three full classes in order to participate in or attend a co-curricular activity;*
- *Conduct myself in a manner consistent with the school rules and policies as specified in the Student Handbook;*
- *Commit to putting forth my best academic effort; and*
- *Act as the liaison between my peers, faculty advisors, the school administration, and other appropriate school personnel.*

I understand that my failure to meet the above expectations will result in disciplinary action up to, and including, removal from my leadership position. These consequences will be determined by the administration after consulting with the faculty advisor.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO YOUR ADVISOR