



644 Caswell Ave. West Twin Falls, Idaho 83301-3798

Fax 733-4949
(208) 733-4875

NO CONTACT CONTRACT

Date: _____

Time: _____

I, _____, agree to have no verbal or physical contact with _____ for the remainder of the school year. This contract is in effect during school hours and at any school sponsored activities. I further understand that any contact could lead to further punishment including a citation from the School Resource Officer and/or my suspension from school.

Signature of Student

Signature of Parent

Signature of Principal or Designee

Comments:
