**Student Recovery Contract**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am applying to Heartland High School School, which integrates essential recovery principles into the daily educational curriculum and lives of its students, because I want to attend a school that will provide a safe, sober community for recovering students in grades 9 – 12 who share a commitment to high academic success and personal growth. I understand that by applying to this school, I am making a commitment to recovery and to actively participate in maintaining a supportive sober school culture. I agree to the following expectations:

1. I will remain drug and alcohol free.
2. I agree to work a recovery program that has been established with the Student Engagement Coordinator, the Head of School, or other appropriate persons (such as parents, family members, physicians, sponsors, counselors, probation officers).
3. I will submit to random and/or probable cause drug testing as requested. I understand that by refusing to do a drug screen, it will be considered to be a positive screen for drug/alcohol use.
4. I will not enable another student or divert any medication to my peers.
5. I will report immediately any personal use to the staff. I understand that honesty is important in recovery. Immediate honesty will be dealt with differently than discovery of use from a drug screen. Severe and/or repeated relapse will result in consequences up to and including expulsion from Heartland High School.
6. I will abide by attendance guidelines.
7. I will adhere to my academic plan.
8. I will not use tobacco on school grounds.
9. I will abide by the terms of the home recovery contract that I have entered into with my parents or guardians.
10. I will abide by Heartland High School values:
	1. Community
	2. Honesty
	3. Inclusion
	4. Respect
	5. Service

**I understand that noncompliance with any of these rules will be grounds for consequences up to and including expulsion from Heartland High School.**

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 (Student Signature) (Date)

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 (Guardian Signature) (Date)

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 (HHS Staff Signature) (Date)

**Heartland High School Admission Agreements**

**CHEMICAL AND MENTAL HEALTH AGREEMENTS:**

* I agree that honesty is an important part of recovery. With that, I agree that I will be honest with peers and staff about my recovery as well as other’s recovery.
* If I relapse, I know that a meeting will be called as soon as possible with my parent/guardian. I understand that I may not be permitted to return to school until this meeting has been scheduled with my parent/guardian. I will be able to stay in school the day I admitted the relapse as long as my behaviors are appropriate.
* I agree to provide a urine sample for drug testing at any time when requested by HHS.
* I agree to take prescription medication only as prescribed by a doctor or medical professional and not stop taking them on my own.
* Remembering that recovery is the goal, I will work on making healthy choices that support my recovery and those around me.

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| ***Sobriety Pledge***I understand that the Heartland High School is a school for students who are in recovery from drug and alcohol addiction or abuse. Therefore, as an HHS student, I pledge to not use alcohol or drugs (other than as prescribed by a medical professional) and to follow my recovery plan to the best of my ability. Signed,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Date Parent/Guardian Date |

**ACADEMICS AND SCHOOL CONDUCT:**

* I agree to attend school every day unless I have a valid excuse from a parent/guardian. I will also attend and be on time for all scheduled classes.

* I agree to give my best effort in each class and if I am struggling, will ask for help rather than give up.

* I agree to not use my cell phone during the school day, unless permitted by HHS staff.
* I agree to not leave the school property for any reason during the school day without teacher and the Head of School’s permission.

* This is a non-smoking facility and there are no “smoke breaks” during the school day, including at lunch time.
* I agree to be respectful in my language and actions toward myself, my peers, the facility, the church staff, and staff at all times and will follow the laws of the community.

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| ***Conduct Pledge***If I do not follow these guidelines, I understand a meeting will be called to discuss options and I may be asked to leave or be dismissed from HHS. Signed,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Date Parent/Guardian Date |