# CONTRACT FOLLOWING A PERIOD OF EXCLUSION FOR A DRUG RELATED INCIDENT

By signing this contract the pupil will be in agreement to work with XXXX School to access support. XXX School will ensure this support is accessed without barriers and XXX School will keep the agreement and support in strict confidence. The school will agree to explore support measures to eliminate risks of continuing behaviour.

**Pupil’s Name:**

**Dates of Exclusion:**

**Reason for Exclusion:**

On my return to XXXX School I **Name** agree the following:

1. To attend a session with a drugs counsellor from SORTED on a regular basis at XXXX School.
2. Not to engage in any drug related activity whilst under the jurisdiction of XXXX School.
3. This will include involvement in the purchase, possession, supply, intent to supply, being concerned in supply or consumption of drugs or abuse.
4. Not to use, and/or be under the influence of illegal drugs whilst under the jurisdiction of XXXX School
5. Not to carry any drug paraphernalia such as oversized Rizla cigarette papers.
6. To read the Drugs Policy for XXXX School.
7. **I understand that if there is any further involvement with drugs then I will be permanently excluded from XXXX School.**

**Pupil Signed:**

**Name:**

**Teacher Signed:**

**Name:**

**Date:**

**Notes for School:**

* This document should not be used with children who are Looked After. In this instance schools should liaise with the Virtual School for advice and guidance.
* Schools must make referrals to Sorted via the following web link:[**bit.ly/targetedprogrammes**](http://bit.ly/targetedprogrammes)
* Sorted are part of Hillingdon’s Targeted Programmes. Please ensure your school have considered all programmes that the school can refer students to as a part of their support plan: [**bit.ly/tpbrochure**](http://bit.ly/tpbrochure)