

Lakeland Joint School District #272

Superintendent of Schools
P.O. Box 39, Rathdrum, Idaho 83858
208-687-0431
www.sd272.org



LJSD Vision: A community committed to academic excellence ... dedicated to student success.

Lakeland Joint School District Behavioral Support Plan

Name _____ Date _____ School _____

[**Superintendent Name**], Superintendent of the Lakeland Joint School District 272 (LJSD), ordered this behavioral ~~contract~~. **support plan**. This behavioral ~~contract~~. **support plan** is in effect for **one calendar year from today's date**. This ~~contract~~ **behavioral support plan** is consistent with school administration and LJSD Board Policy.

In order to maintain my enrollment at [SCHOOL NAME], I understand I am required to meet the following **selected** conditions:

- I will continue my enrollment after I have completed any suspension days.
- I understand that I am required to be in full-time attendance during school Monday through Friday, unless released by a parent or guardian.
- I will earn passing grades in all classes.
- I understand that the school campus will be closed to me for the duration of this contract, unless permission is granted by the administration.
- I will be subject to random searches of my person or property while at school based on reasonable suspicion.
- Additional Conditions:** _____
- Additional Conditions:** _____
- Additional Conditions:** _____
- The following will be determined upon an informal hearing and as condition(s) to return to school:
 - Education Component: Classes/Research/Essay _____
 - School or Community Service Hours: Number of Hours _____
 - I will not be allowed to participate in any extra-curricular activities/contests/events for 40 school days, pending reduction activities approved by School Administration.
 - Counseling Referral: _____
 - Other Required Activities: _____

I understand that any violation of Board Policy #3330 that causes significant disruption to the learning environment will result in referral to the LJSD Board of Trustees for an expulsion hearing.

Student _____ Date _____

Parent _____ Date _____

Principal _____ Date _____

The Principal may terminate this Behavioral Support Plan prior to the expiration date.