



2017- 2018 Student Code of Conduct Verification Form

Date: _____

Name: _____ ID#: _____

School: _____ Grade: _____

We, the undersigned, affirm that we received and read the Kansas City, Kansas Public School's Student Code of Conduct, a pathway for responsible citizenship.

Signatures of Affirmation:

Student Signature: _____

Parent Signature: _____

Address: _____

Phone Number: _____

Return to Teacher/Advocate

I have provided the Student Code of Conduct policies and procedures to the above student.

Advocate's Signature: _____ Date: _____



Comments or suggestions regarding this document should be referred to:
Lisa Garcia-Stewart, Director of Student Services,
2010 North 59th Street, Kansas City, Kansas 66104
Telephone number: (913) 551-3200.