

---

**The Alexander Graham Bell Montessori School Bullying Prevention and Intervention Plan  
Acknowledgment**

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of the AGBMS Bullying Prevention and Intervention Plan as defined in the school packet that I received.

---

Name/Signature \_\_\_\_\_ Date \_\_\_\_\_

**please circle appropriate**--parent/guardian/AGBMS staff/other

**Please print this page and return to AGBMS with your signature and date**

Alexander Graham Bell Montessori School does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, pregnancy, sexual orientation, preference or identity; or military status, in any of its activities or operations. These activities include, but are not limited to, hiring, and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.