



Belair Public School Anti-Bullying Policy

Parent Bullying Notification

Please complete and return this page to school if your child is experiencing issues with bullying at Belair Public School.

My Name _____

Class _____

The person(s) bullying me _____

How often does it happen?	Every day		Most days		Occasionally	
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Where and how often does it happen?

What is happening?

Have you tried to do something to stop it? Yes/No
If yes, what have you done? If no, why haven't you done anything?

Signed _____
(Student)

Signed _____
(Parent/Caregiver)

Date _____

Thank you for completing this notification. You have taken an important step to solve your problem.