

**Community High School**  
Commitment to 12-Step Recovery

**Student Name:** \_\_\_\_\_

I intend to stay in recovery and to work a 12-step program. This means I will attend at least two meetings per week, obtain a sponsor if I do not already have one, and make regular contact with that sponsor. I also agree to report immediately to the principal or counselor of Community High School my own relapse and any relapse of my fellow students so that we may receive help and support. I also understand that the selling, making, or producing of drugs or drug paraphernalia is in direct conflict with the philosophical foundation of both the school and the 12-step program of recovery, and these actions could lead to my dismissal from Community High School.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Additional Meetings and Drug Screens**

Students come to Community High School at various stages of recovery, and some have not yet been exposed to the 12-step model. As such, many students are asked to attend more than two meetings per week based on their stage of recovery as determined by the student, the school, and other representatives for the student. *By signing below, the student agrees to attend the determined number of meetings per week as listed on the contract.*

Some students may also be asked to receive weekly drug tests during their first month of attendance. This will be determined on a case-by-case basis by the principal. (All students are required to receive at least two random drug test per semester.)

This student will agree to attend at least \_\_\_\_ meetings per week for the first \_\_\_\_ days of enrollment. The student must present a log detailing the date, time and place of the meeting. *(The student is urged to collect signatures from chairpersons for each meeting attended as evidence of attendance, but these will not be required.)*

\_\_\_\_\_ This student will be required to take at least 4 random drug tests per semester. CHS reserves the right to test a student more than 4 times at the expense of the student's family.

\_\_\_\_\_ This student will present the name and phone number of his or her sponsor, or temporary sponsor, within the first two weeks of being enrolled at CHS.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CHS Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_