SECONDARY SCHOOL ANNUAL ANTI-HAZING REPORT

Name of Secondary School: ____________________________________________
School District (if applicable): ____________________________________________________________

In compliance with An Act Prohibiting the Practice of Hazing, M.G.L c. 269, §§ 17-19, and state anti-hazing reporting regulations, 603 CMR 33.00, I certify the following statements are true:

(a) The school has issued a copy of M.G.L. c. 269, §§ 17 through 19 to every student group or organization under its authority and to every member, plebe, pledge, or applicant for membership in such group or organization;

(b) The school has issued a copy of M.G.L. c. 269, §§ 17 through 19, to every non-school affiliated student organization;

(c) The school has obtained an acknowledgement of receipt from an officer of every group or organization under its authority, and every individual who has received a copy of M.G.L. c. 269, §§ 17 through 19;

(d) The school has obtained an acknowledgement from a contact person for each non-school affiliated student organization that such organization has distributed a copy of M.G.L. c. 269, §§ 17 through 19, to every member, plebe, pledge, or applicant for membership in such group or organization; and

(e) The school has adopted a disciplinary policy with regard to organizers of and participants in hazing, which is available to anyone upon request, and, for public schools, has been approved by the school committee and has been filed with the Department of Elementary and Secondary Education as required by M.G.L. c. 71, § 37H.

Date: ________________________________  Signed: ______________________________________
Secondary School Principal/Headmaster
Print Name

Date submitted to ESE: ______________

C: School Files
Central Office Files (if applicable)

Submit on or before October 1 to: Program Quality Assurance Services
Massachusetts Department of Elementary and Secondary Education
75 Pleasant Street
Malden, MA 02148
Or pqaanthazing@doe.mass.edu