

NEWCASTLE INDEPENDENT SCHOOL DISTRICT

Student Drug-Testing Notice of Intent

Consent Form

Student's Full Name (Last, First, Middle) _____

Student ID Number _____

Each student in grades 9–12 participating in the drug-testing program as a participant in an extracurricular activity or parking on campus, shall be required to read and sign this form, and have a parent or custodial guardian read and sign the form. The parent or guardian alone may sign the form to allow other students to participate on a voluntary basis. Before the student is eligible to practice or participate in any extracurricular activity, this form must be on file. To remove a student from the voluntary program, written notification must be received from the parent or custodial guardian.

I understand after having read the Newcastle ISD Student Drug Policy and this Drug-Testing Notice of Intent and Consent Form that, out of concern for my safety and health, the District enforces the rules applying to the use of illegal drugs. I realize that the personal decisions that I make daily in regard to the use of illegal drugs may affect my health and well being, as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use of illegal drugs, I understand that I will be subject to sanctions outlined in the policy.

Signature of Student _____

Date _____

We have read and understand the Newcastle ISD Student Drug Policy and this Drug-Testing Notice of Intent and Consent Form.

We desire that _____ participate in the drug-testing program offered by the District, and we hereby agree for him or her to be subject to its terms. We agree that the District may select the drug-testing methodology when screening for illegal drug use. We further agree and consent to the reporting of the results as provided in the program.

Signature of Parent or Custodial Guardian _____

Date _____