



Valley View High School

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Dear Parent or Guardian:

The Valley View Independent School District Board of Trustees developed a substance abuse policy requiring all school-sponsored extracurricular participants to be drug tested. This program was implemented in part due to concerns expressed by students, teachers, parents, and community members. Many expressed concern about the number of students on our campuses that are involved in using drugs and alcohol.

The District has a vital interest in maintaining a safe and healthy environment for all students. The substance abuse testing program is intended to be part of the overall education program of the District. Substance abuse is inconsistent with participation in school; therefore, this program includes appropriate measure for addressing such problems.

Being under the influence of alcohol or illegal drugs, poses a serious health and safety risk to the user and others. The District understands that its own health and reputation are dependent on the health and reputation of its students. Therefore, it is the intent of the District to maintain a safe and healthy environment for all students.

The support of parents and our community is vital to the success of this program. Helping those students in need is our primary concern. Students and parents/guardians shall sign an acknowledgement form indicating that the policy has been received, read, and understood. Please see Legal Notices Online District Policy Manual at vvisd.net concerning Student Rights and Responsibilities.

An outside firm will be given the names of all students participating and will provide a random list monthly to the school. Those students on the list will be tested at the district's expense. If they fail the test and want to be retested, the student will be responsible for payment.

Respectfully yours,

William B. Stokes
Superintendent

Eagles Above and Beyond

VALLEY VIEW INDEPENDENT SCHOOL DISTRICT
PARENTAL CONSENT TO BIOLOGICAL TESTING

I, _____, as parent/guardian of _____, a minor student enrolled in Valley View High School and participating in *extracurricular activities*, hereby agree to the following:

I understand the District's policy regarding substance abuse. I understand that it is the practice of the District to conduct drug and alcohol tests for the purpose of carrying out this policy.

I understand that my child cannot be compelled to give a biological specimen. I understand that if s/he gives a biological specimen it will be tested for drugs and/or alcohol. I understand that the giving of a biological specimen, when requested by the District, is a condition of my child's continued participation in any extracurricular activity. I understand that if a test of my child's specimen reveals an unexplained presence of a drug and/or alcohol, the District may take disciplinary action against him/her up to and including termination of participation in extracurricular activities.

I authorize the officers, employees, and agents of the test agency and the District to communicate among themselves, for official purposes, my child's drug and/or alcohol test results both orally and in writing, and to communicate such test results at any District administrative proceeding. I also authorize the officers, employees and agents of the Testing Agency and the District to have continued access to my child's biological specimens for the purpose of any further analysis or study that may be necessary, and require the results be communicated to me prior to any District administrative proceeding or disciplinary actions.

Parents will not be notified before a student is tested.

Comments:

At this time, I hereby agree to have my child give a biological specimen.

Date

Parent/Guardian Signature

Parent/Guardian Printed Name

Student Signature

Student Printed Name