



**De Pere High School
Co Curricular Code of Conduct Receipt and
Authorization for Random Suspicionless Drug Testing**

This form must be completed and returned to the high school office prior to participation in any co-curricular activity.

Student Section

I have read and understand the provisions and I am in agreement with the standards of the Co-Curricular Code of Conduct.

As a student, I understand that my participation in co-curricular activities is a privilege and not a right, and therefore, agree to be bound by the De Pere High School Co-Curricular Code of Conduct. Participants become visible representatives of DPHS, their fellow students, and the community; therefore, they have additional responsibilities to be exemplars and comply with the Code. I agree to participate in random suspicionless drug testing and give permission for testing and the release of results to the district concerning the results of said testing in the event I am randomly selected. I understand the implementation of the program may require the disclosure of directory data to the testing facility and that this may require me to complete release forms required by the testing facility to facilitate the release of test results from the facility to the District. I understand this agreement is binding through my graduation from high school.

DPHS has the authority to restrict or revoke a student's privilege to participate in co-curricular activities.

Student Name: *(please print clearly)* _____ **Grade in 2017-18** _____

Student Signature: _____ Date: ____/____/____

Student's Planned Record of Participation for 2017-18 (i.e. clubs, athletic teams, performing arts). Please list all activities the student is considering for participation. This does not obligate the student to any activity. List at least one activity.

Activity

Activity

Parent Section

I have read and understand the provisions and I am in agreement with the standards of the Co-Curricular Code of Conduct.

As a parent, I understand that my son or daughter's participation in co-curricular activities is a privilege and not a right, and therefore, agree that they are to be bound by the De Pere High School Co-Curricular Code of Conduct. I give my permission for my son or daughter to participate in random suspicionless drug testing and give permission for testing and the release of information to the district concerning the results of said testing in the event he or she is randomly selected. I understand the implementation of the program may require the disclosure of directory data to the testing facility and that this may require me to complete release forms required by the testing facility to facilitate the release of test results from the facility to the District. I understand this agreement is binding through my son or daughter's graduation from high school.

Parent/Guardian Name: *(please print clearly)* _____

Parent Signature: _____ Date: ____/____/____

For Office Use Only

Consent Form Received By: _____ **Date** ____/____/____

