

**Stephenville Independent School District
Random Student Drug Testing Acknowledgement Form**

The District's random drug testing policy shall apply to high school students who plan to participate in extracurricular activities. Students shall not be allowed to participate until this form is completed, signed, and returned. A copy of SISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities may be received at Stephenville High School or SHS website under the Student Tab.

I have read a copy of SISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities. I understand that this policy is part of the District rules and that it applies to all high school students participating in extracurricular activities. By signing this, I acknowledge that I understand SISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities and that my participation in extracurricular activities is contingent upon participating in the District's drug testing program.

Print Student's Name

Grade

Student's Signature

Date

I have read a copy of SISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities. I understand that this policy is part of the District rules and that it applies to all high school students participating in extracurricular activities. By signing this, I acknowledge that I understand SISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities and give my consent for my son/daughter to participate in the District's drug testing program.

Print Parent/Guardian's Name

Parent/Guardian Signature

Date

Note: Consent forms are valid for the current school year only.