

STUDENT NAME _____ GRADE _____

AS A STUDENT:

- I understand and agree that participation in extracurricular activities and driving and parking on school property is a privilege that may be withdrawn for violations of the NORWAYNE LOCAL SCHOOLS Drug Testing Policy.
- I have read the Drug Testing Policy and thoroughly understand the consequences that I will face if I do not honor my commitment to the Drug Testing Policy.
- I understand that when I participate in any extracurricular activities and/or drive and park on school property I will be subject to random urine drug & alcohol testing, and if I refuse, I will not be allowed to practice or participate in any extracurricular activities or drive and park on school property. I have read the informed consent agreement and agree to its terms.
- I understand this agreement is binding while I am a student in the NORWAYNE LOCAL SCHOOLS system.

STUDENT SIGNATURE

DATE

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the NORWAYNE LOCAL SCHOOLS district drug testing policy and understand the responsibilities of my son/daughter/ward as a participant in extracurricular activities or drives and parks on school property in the NORWAYNE LOCAL SCHOOLS district.
- I pledge to promote healthy lifestyles for all students in the NORWAYNE LOCAL SCHOOLS system.
- I understand that my son/daughter/ward, when participating in any extracurricular activities and/or drives to and from school, will be subject to random urine drug and alcohol testing, and if he/she refuses, they will not be allowed to practice or participate in any extracurricular activities or drive and park on school property. I have read the informed Consent Agreement and agree to its terms.
- I understand this agreement is binding while my son/daughter/ward is a student in the NORWAYNE LOCAL SCHOOLS district.

Parent/Guardian/Custodian Signature

Date

Parent/Guardian/Custodian Printed Name

Work Phone

Norwayne Local School District, Creston, Ohio