



Schuylkill Haven Area School District Notification of Student Drug Testing

Please provide the following information: (Check one)

_____ My son/daughter is/will be participating in athletics, clubs, activities, driver training 'behind the wheel' instruction, or requesting a parking permit during the **2018-2019** school year. I understand he/she is required to participate in the District's drug testing program in order to join any extracurricular activities. I give my permission for participation.

_____ My son/daughter will not be participating in any athletics, clubs, activities, driver training instruction, or requesting a parking permit during the **2018-2019** school year. I understand I can register him/her as a voluntary participant. I wish to have his/her name added to the participant list and I give my permission for participation.

_____ My son/daughter will not be participating in any activities, athletics, or clubs, etc. and I do not want him/her to participate as a voluntary participant. *(A student changing his/her decision to participate after the established deadline (September 30th) will be required to take a mandatory drug test before participating in any activities, etc.)*

Please return the completed form by the established deadline (August 13, 2018 for Fall Sports/Activities).

Parent/Guardian Name (please print)

Parent/Guardian Signature

Student Name (please print)

Student Signature

Date

Grade