

CONSENT TO TEST FORM

SOUTH SIOUX CITY COMMUNITY SCHOOLS

I understand fully that my performance as a student and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the Board of Education of South Sioux City Public Schools, the administration, and the coaches and sponsors for the activities in which I participate.

I consent to and authorize South Sioux City Public Schools to conduct a drug and alcohol test if my number is drawn from the random pool. I also authorize the release of information concerning the results of such tests to designated District personnel.

I understand that this form remains in effect until the submission of an Activity Drop Form or graduation and/or withdrawal from the District.

_____ Student Name (print)	_____ Parent or Guardian Name (print)
_____ Student Signature	_____ Parent or Guardian Signature
_____ Date	_____ Date

I plan to participate in one or more of the following school sponsored competitive extracurricular activit(ies) that are subject to random drug testing:

_____ I am volunteering to be placed in the testing pool.