

#### 4.24b MANDATORY DRUG TESTING

##### MISSION STATEMENT:

The Arkadelphia School District recognizes that drug abuse is a significant problem for students, detrimentally affecting the overall health, behavior, learning ability, reflexes, and development of each Individual. Drug abuse includes, but is not limited to, the use of illegal drugs, alcohol, and the misuse of legal drugs and medications.

##### DEFINITIONS:

**Drug:** Any substance considered illegal by Arkansas statutes or which is controlled by the Food & Drug Administration unless prescribed by a licensed physician.

**Activity Programs:** Any activity that meets the guidelines of the Arkansas Activities Association or sponsored by the Arkadelphia School District. This includes all school-sponsored academic, athletic/spirit and student groups for grades 6-12.

**School Year:** From the first day of classes in the fall, unless the activity begins prior to the first day of classes, in which event, from the first day of practice through the last day of classes in the spring.

##### POLICY STATEMENT:

Arkadelphia School District is conducting a mandatory drug-testing program for students who choose to participate in an activity program sponsored by the Arkadelphia School District. Its purpose is threefold: (1) to provide for the health and safety of students in all activity programs grades 6-12; (2) to undermine the effects of peer pressure by providing a legitimate reason for students to refuse to use illegal drugs; and (3) to encourage students who use drugs to participate in drug treatment programs.

##### PROCEDURES FOR STUDENTS:

**Consent:** Each student wishing to participate in *any* activity program and the student's custodial parent or guardian shall consent in writing to drug testing pursuant to the district's drug testing program. Written *consent* shall be in the form attached to this policy as FORM A. No student shall be allowed to participate in any activity program absent such consent.

Students not involved in activities may be allowed to participate voluntarily in the testing pool with a consent form signed by the parent.

**Student Selection:** At the option of the district, all students in activity programs may be drug tested during the school year. In addition, random testing will be conducted bi-monthly during the school year. Selection for random testing will be by-lottery drawing from a 'pool' of all students participating in activity programs and drivers in the district at the time of the drawing. A single test can be required by a principal from a student for reasonable suspicion. The superintendent or designee shall take all reasonable steps to assure the integrity, confidentiality, and random nature of the selection process including, but not necessarily limited to, assuring that the names of all participating students are in the pool, assuring that the person drawing names has no way of knowingly choosing or failing to choose particular students for the testing, assuring that the identity of students drawn for testing is not known to those involved in the selection process, and assuring direct observation of the process by the least intrusive means possible while assuring brevity and privacy.

**FIRST POSITIVE RESULT:**

For a positive result, the student will be placed on probation and not be allowed to participate in competitions, presentations, and activities of Arkadelphia Schools for a period of twenty (20) school days. A student *may* practice or attend an organization's meetings, but may not compete, dress out for competition, take part in a club's scheduled event beyond meetings or drive on campus. The student will be recommended for counseling; if any charge is incurred, it will be the responsibility of the parents.

On day twenty-one (21), the student will be allowed to be retested (at the expense of the parent-guardian). If the test results are found to be negative, the student will again become eligible for driving on campus, competitions, presentations, and activities relating to Arkadelphia Schools. However, the student must submit to a mandatory drug screen or lab test on a monthly basis at the expense of the parent/guardian for the next three consecutive months when school is in session.

**SECOND POSITIVE RESULT:**

A second positive result in the 24-month period following the first positive test will result in the student's being suspended from participating in activities and driving on campus for the remainder of the school year. If this positive test is in the spring semester, the student will not be able to participate during the following fall semester.

**THIRD POSITIVE RESULT:**

For the third positive result, the student will be suspended from participation in activities and driving on campus for the remainder of his/her enrollment with the school district.

**NON-PUNITIVE NATURE OF POLICY:**

No student shall be penalized academically for testing positive for illegal drugs. The results of drug tests pursuant to this policy will not be documented in any student's academic records. Information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities absent legal compulsion by valid and binding subpoena or other legal process, which the district shall not solicit. In the event of service of any such subpoena or legal process, the student and the student's custodial parent or legal guardian will be notified as soon as possible by the district.

**OTHER DISCIPLINARY MEASURES:**

By accepting this policy the district is not precluded from utilizing other disciplinary measures set forth in the Student Discipline Policy. Likewise, this policy does not preclude the district from following its disciplinary procedure and resulting action when founded upon reasonable belief and suspicion that a student has participated in drug-related activities.

**4.24B DRUG TESTING POLICY  
GENERAL AUTHORIZATION FORM A**

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I have read and understand the contents of the Arkadelphia School District Drug Testing Policy. I hereby agree to accept and abide by the policies, standards, rules, and regulations set forth by Arkadelphia School District Board of Education and the sponsors for the activity in which I participate.

I also authorize Arkadelphia School District to conduct a breath scan or a urinalysis to test for drugs and/or alcohol use. I also authorize Arkadelphia School District to conduct random tests during the school year(s). I authorize the release of information concerning the results of such a test to the Arkadelphia School District and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Signatures indicate permission given to be tested during the year(s) the student is involved in activities designated for drug testing. The parent/student will notify the drug testing coordinator if the student drops out of all activities that require the student to be drug tested so his/her name will be removed from the drug testing list.

**ARKADELPHIA SCHOOL DISTRICT**

**4.24B DRUG TESTING POLICY  
GENERAL AUTHORIZATION FORM A**

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This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Signatures indicate permission given to be tested during the year(s) the student is involved in activities designated for drug testing. The parent/student will notify the drug testing coordinator if the student drops out of all activities that require the student to be drug tested so his/her name will be removed from the drug testing list.

**ARKADELPHIA SCHOOL DISTRICT**

**4.24B — Drug Testing Policy  
Notification of Violation of  
Drug Screen Testing Policy**

I, \_\_\_\_\_, am the custodial parent/legal guardian of \_\_\_\_\_, a student in the Arkadelphia School District. I have been notified by officials of Arkadelphia School that

\_\_\_\_\_ (student's name) has tested positive during the drug test administered under the provisions set by the Arkadelphia School District.

I understand that the above-named student is hereby recommended for counseling; if any charge is incurred, it will be my responsibility. The named student will also be placed on probation and not be allowed to participate in competitions, presentations, activities or drive onto the Arkadelphia campus for a period of twenty days (20).

On day twenty-one (21), the above-named student will be allowed to be retested (at my expense) under the guidelines set forth in the Drug Screen Test Policy. I, the custodial parent/legal guardian, understand that if the test results are found to be negative, the so-named student will again become eligible for competitions, presentations, activities and driving onto campus. I also understand that there will be a mandatory drug screen or lab test for three consecutive months at my expense.

If the test results are positive, the so-named student will be suspended from competition, presentations, activities and driving onto the Arkadelphia campus for the remainder of the school year. If the positive test is in the spring semester, the above-named student will not be able to participate during the following fall semester. In addition to the suspension, the so-named student will be immediately referred for professional counseling and rehabilitation at my expense.

\_\_\_\_\_  
Custodial parent/ legal guardian

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

**4.24b Drug Testing Policy**

**Notification of Second Positive Results of  
Drug Screen Test**

I, \_\_\_\_\_, custodial parent/legal guardian  
of \_\_\_\_\_, a student in the Arkadelphia School District, was  
notified on \_\_\_\_\_ (Date) of the first positive drug screen test results of the  
so-named student by \_\_\_\_\_ (School Official). At that time, I  
understood that the above-named student would be on probation and not be allowed to participate  
in competitions, presentations activities or driving on the Arkadelphia campus for a period of  
**twenty** days (20). I understood that on day twenty-one (21), at my own expense, I could request a  
second test administered under the guidelines set forth in the Arkadelphia School District's Drug  
Screen Policy. I, custodial parent/legal guardian of the so-named student, was notified of the  
second positive test results on the date of \_\_\_\_\_ (date) by \_\_\_\_\_  
(School official).

I understand that under the Arkadelphia School District's Drug Abuse Policy, which I,  
the custodial parent/guardian consented to when I signed the consent form, the so-named student  
will be suspended from competitions, presentations, activities and driving on the Arkadelphia  
campus for the remainder of the school year. If this positive test is in the spring semester, the so-  
named student will not be able to participate during the fall semester. I also understand that I  
should seek professional counseling and rehabilitation for the named student.

\_\_\_\_\_  
Custodial parent/legal guardian

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date