



WOODBRIIDGE TOWNSHIP SCHOOL DISTRICT

High School Student Random Alcohol or Other Drug Testing Program Consent to Test Form

Woodbridge Township School District acknowledges its responsibility to provide the most conducive learning environment for all students and recognizes that, unless schools and their students are substance free, the best conditions for learning do not exist. School-based initiatives have proven particularly effective in recognizing and remediating students' development of alcohol or other drug issues, and the district will take the necessary and appropriate steps to protect the school community from harm and from exposure to harmful substances. In order to do this, the district has approved a random drug testing policy for students involved in extra-curricular programs, including all clubs and athletic programs, and those who participate in student parking. The purpose of this program is directed toward deterrence and remediation. The policy is not intended to be disciplinary or punitive in nature as indicated by existing court decisions as it relates to the loss of instructional time.

I understand fully that my performance as a participant 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 Woodbridge Township School District Board of Education and the sponsors for the activity(ies) in which I participate. I authorize Woodbridge Township School District to conduct an Alcohol or other Drug test on-site if my name is drawn from the random pool. Pursuant to the Policy 5131.8 Random Alcohol or Other Drug Testing, I authorize the following:

1. Woodbridge Township School District to perform random alcohol and or other drug testing.
2. Woodbridge Township School District to submit my name _____ to random alcohol or other drug testing as per Woodbridge Township School District Policy 5131.8
3. I understand that if my name _____ is selected, I (he/she) will submit to the procedures outlined in Woodbridge Township School District Policy 5131.8
4. Failure to abide by Woodbridge Township Policy 5131.8 will result in suspension of extracurricular activities and/or revocation of parking privileges.

_____	_____	_____
Print Student Name	Student Signature	Date
_____	_____	_____
Print Parent Name	Parent Signature	Date
_____	_____	_____
Parent Home Phone	Parent Work Phone	Parent Cell Phone

Check at least one (1) of four (4) below:

- I plan to participate in the following sport(s): _____
- I plan to participate in the following student activity(ies): _____
- I hold a valid parking permit. Permit Number: _____
- I am volunteering to be placed in the alcohol and other drug testing pool. (Check to opt in)
- I understand that this consent is valid for one school year. (Required)

*All results are kept strictly confidential and are released only to those individuals named above.