

**Lago Vista Independent School District
Random Student Drug Testing Acknowledgement Form
for Students in Extracurricular Activities**

The District's random drug testing policy shall apply to middle and high school students who plan to participate in extracurricular activities. Students shall not be allowed to participate until this form is completed, signed, and returned. Please review the Lago Vista Independent School District Random Drug Testing for Students Participating in Extracurricular Activities. A copy of LVISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities may be received at the Lago Vista High School, Lago Vista Middle School, the District's Administration Offices, or viewed online at http://www.lagovistaisd.net/users/0001/health/Drug_Testing_Policy_2015.pdf.

I have read a copy of LVISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities. I understand that this policy is part of the District rules and that it applies to all high school and middle school students participating in extracurricular activities. By signing this, I acknowledge that I understand LVISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities and that my participation in extracurricular activities is contingent upon participating in the District's drug testing program.

Student's Full Name (Please print.) Grade Student's Signature Date

I have read a copy of LVISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities. I understand that this policy is part of the District rules and that it applies to all high school and middle school students participating in extracurricular activities. By signing this, I acknowledge that I understand LVISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities and give my consent for my son/daughter to participate in the District's drug testing program.

Parent/Guardian's Name (Please print.) Parent/Guardian Signature Date

**Lago Vista Independent School District
Random Student Drug Testing Acknowledgement Form
for Voluntary Participants**

In addition to the requirements for students participating in school-sponsored extracurricular activities, **any student in grades 7-12 may voluntarily participate in the Random Drug Testing for Students program at no cost to the student or parent.** Students may withdraw from the voluntary drug-testing program at any time upon presentation of a written request signed by the parent or legal guardian. If the student is of legal age (age 18 or older), he or she may withdraw by submitting a written request. This policy will be implemented with respect to voluntary participants in the same manner as with those students who choose to participate in school-sponsored extracurricular activities.

Please review the Lago Vista Independent School District Random Drug Testing for Students Participating in Extracurricular Activities. A copy of LVISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities may be received at the Lago Vista High School, Lago Vista Middle School, the District's Administration Offices, or viewed online at http://www.lagovistaisd.net/users/0001/health/Drug_Testing_Policy_2015.pdf.

I have read a copy of LVISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities. I wish to participate in Lago Vista ISD's voluntary drug testing program. I understand that participating in the voluntary student drug-testing program will be at no cost to the student or parent. By signing this, I acknowledge that I understand LVISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities and that my participation in the program is strictly voluntary and that, at the written request of my parent or guardian, I may withdraw from participation in the program at any time.

Student's Full Name (Please print.) Grade Student's Signature Date

I have read a copy of LVISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities. I wish for my child to participate in Lago Vista ISD's voluntary drug testing program. I understand that participating in the voluntary student drug-testing program will be at no cost to the student or parent. By signing this, I acknowledge that I understand LVISD's Policy on Random Drug Testing for Students Participating in Extracurricular Activities and that my child's participation in the program is strictly voluntary and that, by submitting a written request, I may withdraw my child from participation in the program at any time.

Parent/Guardian's Name (Please print.) Parent/Guardian Signature Date

Note: Consent forms are valid for the current school year only.