



SIMI VALLEY UNIFIED SCHOOL DISTRICT

Board of Education

Scott Blough
Bill Daniels
Bob LaBelle
Dawn Smollen
Dan White

Voluntary Drug Testing Enrollment Form

Dear Parent/Guardian and Student:

Thank you for enrolling in the Simi Valley Unified School District Voluntary Random Drug Testing Program. In order to participate, this form must be completed and signed by the student and parent/guardian and returned to the school. In return, this form will be given to the physician or designee administering the test. Students who volunteer for the program are expected to remain in the program for the duration of their time at Simi Valley Unified School District. A student may withdraw from the program by providing a written notice from their parent(s)/guardian(s).

By signing below, you are certifying that you accept the policies, terms, and conditions set forth in Simi Valley Unified School District's Board Policy BP 5131.61 and Administrative Regulation AR 5131.61. In addition, by signing below, you authorize Simi Valley Hospital to collect a urine specimen from your child. The drug screen will be conducted in private and will be provided free of charge. The results of the test are confidential and will only be communicated to you as the parent/guardian.

Student's Full Name: _____

School of Attendance: _____ Grade: _____

Parent/Guardian Phone Numbers: Home (____) _____ Work (____) _____ Cell (____) _____

Parent/Guardian Email Address: _____

Parent/Guardian Mailing Address: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____

Participation in the Simi Valley Unified School District's Voluntary Random Drug Testing Program is strictly voluntary and is not required for student participation in District or School activities. It will be presumed by the District that Parents or Guardians NOT returning this form have elected that their child will NOT participate in the drug testing program.