

NORTH ADAMS COMMUNITY SCHOOLS RANDOM DRUG TESTING PROGRAM

NON-CONSENT FORM

I, _____, have decided **not** to participate in the North Adams Community Schools Random Drug Testing Program. I understand that I will not be allowed to participate in any extra-curricular/co-curricular activities and/or drive to or from school for this current school year. In order for me to participate in the extracurricular/co-curricular activity program at a later date or to begin driving to and from school for this current school year, I understand that I must submit to and pay for a drug test, which must be negative, for me to be eligible to participate fully in any extra- or cocurricular activities including driving to/from school.

Student Signature

Date

Parent/Guardian Signature

Date



Respect | *Community* | *Growth*