



Redlands Unified School District

2024-2025 School Year

Voluntary Student Drug Testing Program Registration

YES

I would like to enroll my student in _____ School's **free, non-punitive, and confidential** Voluntary Drug Testing Program. I hereby authorize Student Services to collect urine specimens from my student for testing and to notify me of the results using one of the methods I have listed below.

I understand that this service will be provided by the Redlands Unified School District at no charge.

Additional information regarding the random testing program can be found on the District website at www.redlands.k12.ca.us. Click on the Student Services link under the Departments tab and then click on the "**Middle and High School Voluntary Student Drug Testing Program**" tab. You can also enroll your student directly at the Student Services Department located at the address below.

If you have any questions about the testing process that are not answered on the District website, feel free to contact:

Student Services Department
33 W. Lugonia Ave.
Redlands, Ca 92374
909-307-5300

(Parent and student signatures below indicate that we have read and agree to the terms listed.)

NO

Thank you, I do not wish to enroll my student in _____ School's **free, non-punitive, and confidential** Voluntary Drug Testing Program at this time.

I understand I can enroll my student at any time by resubmitting this form or going to www.redlands.k12.ca.us. Click on the Student Services link under the Departments tab and then click on the "**Middle and High School Voluntary Student Drug Testing Program**" tab.

Student Name

Student Signature

Grade

Parent/Guardian Name

Parent/Guardian Signature

Date

Parent/Guardian Primary Phone Number: _____ Password: _____
(To protect your privacy, we will ask for your password before discussing the results over the phone. Make sure the password is something you will easily remember.)

Method of Receiving Results: *(Please Select Your Preferred Method of Test Result Delivery and Please Print Legibly)*

By Email Parent/Guardian Email Address: _____

By U.S. Mail Home Address: _____

Please return the enrollment form via email, or to the Student Services office and/or the reception desk at your student's school. Thank you.