



CALALLEN INDEPENDENT SCHOOL DISTRICT

STUDENT DRUG TESTING CONSENT FORM

2026-2027

Print

Student Name: _____
Last First Middle

Grade Level: _____ CISD Student I.D. Number: _____ Gender (Male/Female): _____

Statement of Purpose and Intent

Participation in school sponsored extracurricular activities at the Calallen Independent School District is a privilege. Activity students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use of illegal drugs.

Drug use of any kind is incompatible with participation in extracurricular activities. For the safety, health, and well-being of students the Calallen Independent School District has adopted a drug testing policy for students in **grades 9 through 12**.

Driving Students - must participate in the Random Drug Testing Program in order to have the privilege of parking on school grounds.

☐ (Please check the box acknowledging your **driving student** will be added to the drug testing pool).

Voluntary Participation - Parents of secondary students who are neither participating in extracurricular activities nor are driving students may request their child's name be placed in a pool for possible random drug testing. **Such voluntary participation is totally at the discretion of the parent.** The parent may withdraw their student's name from the random drug testing pool during the school year only in writing.

☐ (Please check the box if you consent for your student to be **voluntarily added** to the drug testing pool).

Participation in Extracurricular Activities - Students shall not be allowed to practice or participate in any activity (as defined by the CISD Random Drug Testing Procedural Policy) unless the student has returned the properly signed Student Drug Testing Consent Form.

☐ (Please check the box acknowledging your **extracurricular student** will be added to the drug testing pool).

I understand the "Student Drug Testing Guidelines" outlined in the video and handout (**FNF LOCAL Policy**). I realize that the personal decision that I make in regard to the consumption of illegal drugs may affect my health and well-being as well as the possible endangerment of those around me. If I choose to violate school policy regarding the use of illegal drugs, I understand that I will be subject to the restrictions as outlined in the guidelines.

Signature of Student

_____/_____/_____
Date of Birth

_____/_____/_____
Date

We have reviewed the "Student Drug Testing Guidelines" outlined in the video & handout. We desire that the student named above participate in extracurricular programs, receive a parking permit as a driving student, and/or participate with the voluntary consent of the parent/guardian. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program and agree to the corrective actions as outlined.

Signature of Parent or Guardian

_____/_____/_____
Date

Phone #