

Glendale Jr.-Sr. High School

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Brian Stacey
Principal

Edward G. DiSabato
Superintendent

Richard Kozak
Assistant Principal

Parents and Students of the Glendale School District:

The Glendale School District initiated a random drug testing policy for all students in privileged activities during the second semester of the 2002-2003 school year.

All students participating in athletics, band, chorus or any extra-curricular activity/club and student drivers are considered students in privileged activities.

The purpose of this mandatory drug testing program is **not** to punish students. It is not the intention of this policy for school district officials to report any positive test results to law enforcement, or any officials outside the school district. It is to serve as a deterrent to students faced with the decision whether or not to try drugs or alcohol and to help students who are struggling with issues of drugs or alcohol.

A detailed copy of the district drug testing policy is available in the high school office. We thank you for your support and assistance in keeping drugs out of our school.

Sincerely,

Brian Stacey
High School Principal

Richard Kozak
Assistant Principal

DRUG AND ALCOHOL TESTING FOR PRIVILEGED ACTIVITIES

PERMISSION TO TEST

The Glendale School District is committed to providing a safe, drug and alcohol free activity program. We appreciate your support, encouragement, and cooperation. The cost of the test and if necessary, the drug and alcohol evaluation will be covered by the Glendale School District. Tests will be confidential. The selection process will be done by a random sampling process.

Please fill out the bottom of this page and return it to your son/daughter's coach/advisor. Please print your name, address, and your son/daughter's name. Results will be mailed to the address below.

I hereby give permission for the Glendale School District to perform a drug and alcohol screen on my son/daughter. I realize the purpose and ramifications of the testing and will follow the guidelines set forth for positive tests.

I understand that my son/daughter will not be punished by suspension or expulsion for a positive test result; however, they will be disqualified from participation in the activity as outlined in Board Policy on Drug and Alcohol Testing for Privileged Activities. I also understand that my son/daughter will be required to comply with specific guidelines for further participation consideration as set forth in this policy.

Parent/Guardian Name (Please print) _____

Parent/Guardian Signature _____ Date _____

Address _____ Phone _____

Family Doctor _____ Pharmacy _____

Current Medications _____

As a student in privileged activities I agree to participate in the drug and alcohol testing program. I have read and understand the information provided in this permission to test form.

Student Name (Please print) _____ Grade _____

Privileged Activities 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Student Signature _____ Date _____