

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 extra-curricular/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 co-curricular activities including driving to/from school.

Student Signature

Date

Parent/guardian Signature

Date