

YOUR ACTIVITY IS _____

DELAWARE VALLEY SCHOOL DISTRICT
236 ROUTE 6 & 209
MILFORD, PENNSYLVANIA 18337

2013 - 2014

**DRUG AND ALCOHOL TESTING POLICY
GENERAL AUTHORIZATION**

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Delaware Valley School District Board Policy #227.1 – Drug and Alcohol Testing for Co-curricular Participation, Driving, and Parking Permit Privileges. By signing this General Authorization, I hereby agree to participate in random drug testing for the duration of my participation in co-curricular activities, driving and parking privileges in the Delaware Valley School District.

I also authorize Delaware Valley School District to conduct a test on a urine or blood specimen or breath sample, which I provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Delaware Valley School District and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

Student Name (Please Print)

Student I.D. Number

Student Signature

Date

Parent or Guardian Signature

Date

**DELAWARE VALLEY HIGH SCHOOL
VEHICLE REGISTRATION PERMISSION FORM
AND
CONSENT TO SEARCH**

STUDENT NAME: _____ GRADE: _____ STICKER #: _____

The following information must be completed in its entirety. The fee is \$50.00; make checks payable to the Delaware Valley School District. Students must submit to the school's drug testing policy in order to obtain a parking sticker.

I, _____, being the lawful owner, and I, _____, being the lawful driver of the following vehicle:

Make: _____ Model: _____
Year: _____ Vin No: _____
License Plate No: _____ Color: _____

willingly grant consent and permission to the Principal of the Delaware Valley High School or his designated agent to conduct a complete search of the above vehicle while said vehicle is located on Delaware Valley School District property.

The above individuals further have permission to take or remove from the vehicle any property, contraband, including narcotics and weapons that they desire as evidence for disciplinary proceedings and/or criminal prosecution.

This consent is being given as part of my application for a permit to park the above vehicle on the property of the Delaware Valley School District and in consideration for the granting of a parking permit.

This consent is limited to any lawful investigation conducted by the Delaware Valley School District Administration and is further limited in that any search may only be conducted while the vehicle is on school property.

I understand that this consent may give rise or result in disciplinary proceedings and/or criminal prosecution in the event contraband is recovered. I also understand that parking my vehicle on school property is a privilege, not a right, and that I have a right to refuse to sign this consent, but I further acknowledge that failure to do so will result in a denial of a parking permit.

Parking stickers are not transferable to other students. If you give your sticker to another student, you will lose your driving privileges.

I have read the regulations regarding motor vehicle privileges in the student handbook and understand **the privilege may be revoked for violating any of these regulations**. In addition, **after my 5th unexcused tardy to school, or 5th unexcused early dismissal, or 10th absence from school, I understand that my driving privilege shall be suspended for a minimum of 30 days**. After the 10th tardy to school and/or 15th absence from school, I understand that my driving privileges will be **terminated for the remainder of the school year**.

I also understand that if I receive an **out-of-school or a third in-school suspension**, that I will lose my driving privileges for 30 days. A **second out-of-school suspension** shall result in the loss of my driving privileges for the **remainder of the school year**.

Student Signature Date

Parent/Guardian Signature Date

Check # _____
Cash _____ Date _____