

**North Union High School
Random Student Drug Testing Fee Waiver**

Student ID # _____

Grade: _____

Student Name (Print Clearly): _____

I, the above named student, hereby declare that I do not plan to participate in any athletics, extracurricular activities, or driving privileges at North Union High School during this school year. I am requesting that the random drug testing fee be removed from my account. I understand that should I change my mind and wish to participate in one or more of the above activities, I will be charged \$60 which will cover a drug test at the next available time and I will be placed in the random pool for drug testing for the remainder of this school year.

Student Signature

Date

Parent/Guardian Name (Please Print Name Clearly)

Parent/Guardian Signature

Date