



# Redlands Unified School District

## 2017-2018 School Year

### Voluntary Student Drug Testing Program Registration

**YES**

I would like to enroll my student in \_\_\_\_\_ School's **free, non-punitive, and confidential** Voluntary Drug Testing Program. I hereby authorize ARCpoint Drug Labs to collect urine specimens from my student for testing and to notify me of the results using one of the methods I have listed below.

I understand that this service will be provided by the Redlands Unified School District at no charge.

Additional information regarding the random testing program can be found within the summer registration packet and/or on the District website at [www.redlands.k12.ca.us](http://www.redlands.k12.ca.us) under *RUSD Divisions, Education Services*. Click on the *Education Services* link, then go to *Student Services*. The drug testing link can be found under the *Student Services*: "**High School & Middle School Voluntary Drug Testing Program**". You can also enroll your student directly on the ARCpoint website at [www.testmystudent.com](http://www.testmystudent.com).

If you have any questions about the testing process that are not answered on the District website, feel free to contact:

ARCpoint Drug Testing  
9300 Santa Anita Avenue, Suite 104  
Rancho Cucamonga, CA 91730  
909-481-3355

**(Parent and student signatures below indicate that we have read and agree to the terms listed.)**

**NO**

Thank you, I do not wish to enroll my student in \_\_\_\_\_ School's **free, non-punitive, and confidential** Voluntary Drug Testing Program at this time.

I understand I can enroll my student at any time by resubmitting this form or going to [www.testmystudent.com](http://www.testmystudent.com)

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parent/Guardian Primary Phone Number: \_\_\_\_\_ Password: \_\_\_\_\_  
(To protect your privacy, we will ask for your password before discussing results over the phone. Make the password something you can remember!)

**Method of Receiving Results:** *(Please Select Your Preferred Method of Test Result Delivery and Please Print Legibly)*

**By Email** Parent/Guardian Email Address: \_\_\_\_\_

**By U.S. Mail.** Home Address: \_\_\_\_\_

**Please return this form with your student's registration packet and/or to the main office reception desk.  
Thank you.**