

2021-2022
Central Catholic High School
Memorandum of Understanding
Consent to Testing

As a parent/guardian of a student at Central Catholic High School, I understand, affirm, and support the following:

- (1) The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teaching of the Catholic Church.
- (2) Catholic schools are distinctive religious education institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es) and the diocese.
- (3) Attending a Catholic school is a privilege, not a right.
- (4) While academic excellence and involvement in extracurricular activity (i.e. sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
- (5) The school and its Administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
- (6) In all questions of faith, morals, faith teaching, and Church law, the final determination rests with the diocesan bishop.

As a man of faith and a member of the Central Catholic Community, I pledge to uphold the highest standard of integrity and honor in all academic endeavors. I will not lie, cheat, steal, deceive, or plagiarize. I agree with all the standards set forth in the Central Catholic High School Honor Code.

As a parent desiring to enroll my child in a Catholic school, I accept this Memorandum of Understanding. I pledge support for the Catholic identity and mission of this school, and by enrolling my child, I commit myself to uphold all the principles and policies that govern a Catholic school including the Mandatory Random Drug Testing Policy.

Student and Parent//Guardian accept and agree to each of the following:

I have read the entire contents of the 2021-2022 Student/Parent Handbook and accept the policies, regulations, directives, and procedures contained in the Student/Parent Handbook. _____ Student _____ Parent/Guardian

I have also read in its entirety the Mandatory Random Drug Testing Policy, and acknowledge and agree to the following:

- I hereby CONSENT to allow CCHS and/or its authorized Vendor to take a sample of my hair (or conduct an alternative method of obtaining a sample where necessary) and submit it for a Mandatory Random drug test in accordance with the Mandatory Random Drug Testing Policy.
_____ Student _____ Parent/Guardian
- I FURTHER CONSENT to allow the laboratory testing service (Vendor) to make the results of such test available to the CCHS Officials designated to receive such information.
_____ Student _____ Parent/Guardian
- I FURTHER CONSENT to the release of the test results to my child who was tested or my Parents/Guardians when I am tested. _____ Student _____ Parent/Guardian
- I FURTHER CONSENT to the disclosure of the test results to a Provider for development of a Plan of

Action (counseling and treatment) under the Mandatory Random Drug Testing Policy.

_____ Student _____ Parent/Guardian

- I FURTHER CONSENT to the disclosure of information by the Provider to CCHS and the Student and/or Parent/Guardian to confirm compliance with any Plan of Action or to facilitate treatment or counseling under the Mandatory Random Drug Testing Policy.

_____ Student _____ Parent/Guardian

- I AGREE to execute any additional permission/consent form(s) that may be required by any Vendor or Provider or by CCHS under the Mandatory Random Drug Testing Policy.

_____ Student _____ Parent/Guardian

- I AGREE to abide by the Student/Parent Handbook and the Mandatory Random Drug Testing Policy.

_____ Student _____ Parent/Guardian

- I UNDERSTAND AND AGREE that each of the following: refusal to undergo testing, failure to provide a sample, or failure to abide by the terms and conditions of the Plan of Action under the Mandatory Random Drug Testing Policy, are independent grounds for my dis-enrollment from CCHS.

_____ Student _____ Parent/Guardian

By checking this box, I choose to have basic demographic information, including name, address, phone number, and email address withheld from the Central Catholic Student Directory.

Accepted and agreed to comply with and be bound by the above terms and conditions.

Parent/Guardian _____
Print Name Signature

Parent/Guardian _____
Print Name Signature

Student _____
Print Name Signature

Student Homeroom: _____