

San Felipe Del Rio CISD
233901

STUDENT RIGHTS AND RESPONSIBILITIES
INVESTIGATIONS AND SEARCHES

FNF
(EXHIBIT)

Exhibit A: Documentation for Student Searches—2 pages
Exhibit B: Student Random Drug Screening Sanction Report—4 pages

EXHIBIT A

Documentation for Student Searches

(Please print.)

Student's name: _____

Student's age and grade level: _____

Student's sex: _____

Name and position of employee authorizing search:

Date of search: _____

Basis for search

Did the student consent to the search?

Yes

No

Describe the facts that caused a district employee to have reasonable suspicion that a search of this student, or the student's belongings, would reveal evidence of a violation of law or the District's Student Code of Conduct (including details such as date, time, location, names and titles of witnesses, observed behavior, reports or allegations, and other objectively verifiable information):

What is (or was) the search expected to reveal?

Method and scope of search

Name and position of employee who conducted the search:

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Names and positions of any other individuals present during the search:

Location of search (e.g., *principal's office*): _____

Time of search (e.g., *10:00 a.m., between first and second periods*): _____

Exactly what items or areas were searched?

Results of search

List any items revealed by the search:

List any items removed from the student:

List any items released to local law enforcement authorities:

Parent notification

Were the student's parents notified of the search, including the reasons? (*Check one.*)

Yes (*Describe the time and method of notice.*)

No (*Describe the attempts to notify parents before or after the search.*)

Signature of principal or designee

Name: _____

Position: _____

Date: _____

EXHIBIT B

Student Random Drug Screening Sanction Report

Initial Report

Student Name: _____ Student ID#: _____ Date: _____

Date of Initial Drug Test: _____

Result of Drug Test: Positive Negative

Parent Notification

I understand in that in accordance with local policy, FNF (REGULATION), my son/daughter must participate in a substance abuse counseling program and will continue to be retested on the next random test dates each consecutive school year thereafter, so long as he/she wishes to continue participating in extracurricular activities or park a vehicle on school property. I also understand that upon a second offense of receiving a confirmed positive drug test, my son/daughter will be permanently suspended from participating in any extracurricular activity and his/her parking permit will be permanently suspended for the duration of his/her enrollment in the San Felipe Del Rio CISD.

Parent/Guardian Signature

Date

Decline of Program Participation

Due to the results of my child's recent random drug screening and the consequences outlined in FNF(REGULATION), I have elected to decline enrolling him/her into a substance abuse counseling program and participation in continuous random retesting for drugs. Therefore, I understand that my child shall be excluded from participating in any extracurricular activities or from receiving a parking permit for the rest of his/her scholastic enrollment in the San Felipe Del Rio CISD.

Parent/Guardian Signature

Date

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Consequences – First Offense (Suspension from Extracurricular Activities/Parking)

Date suspension begins: _____ Date suspension ends: _____
90-Day Suspension completed? Yes No

Director of Student Services

Date

Consequences – First Offense (Counseling)

Date of referral to BCFS: _____ Date assigned to BCFS counselor: _____
Intervention start date: _____ Intervention end date: _____
Certificate of Completion: Yes No
Provider: _____

BCFS/Provider Representative

Date

Consequences – First Offense (Retesting)

School Year: _____

	Date	Result		Date	Result
July			January		
August			February		
September			March		
October			April		
November			May		
December			June		

Completion of Consequence Requirements

I certify that _____ has successfully completed all sanctioned activities per FNF(LOCAL)

Director of Student Services

Date

I certify that _____ has successfully completed all sanctioned activities per FNF(LOCAL), and is released to participate in extracurricular activities and/or is eligible to resume parking privileges.

Superintendent of Schools

Date

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Second Offense

*Upon a second offense of receiving a confirmed positive drug test, a student will be permanently suspended from any extracurricular activity, and the student's parking permit will be permanently suspended for the duration of the student's enrollment in the San Felipe Del Rio CISD.
FNF(REGULATION)*

Date of Second Positive Drug Test:

Director of Student Services *Date*

Parent/Guardian Signature *Date*

Superintendent of Schools *Date*

Continuous Surveillance

School Year:

	Date	Result		Date	Result
July			January		
August			February		
September			March		
October			April		
November			May		
December			June		

School Year:

	Date	Result		Date	Result
July			January		
August			February		
September			March		
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School Year:

	Date	Result		Date	Result
July			January		
August			February		
September			March		
October			April		
November			May		
December			June		

School Year:

	Date	Result		Date	Result
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