STUDENT DRUG AND ALCOHOL NON-USE CONTRACT

I, __________________________, a Weber County School District student, understand the following:

I. I agree to be in full compliance with the Weber School District Substance Abuse policy. I understand that future violations of this policy will result in:

   A. Use and Possession Violations
      1. A law enforcement referral.
      2. An appropriate suspension.
      4. The second violation will require the student's participation in professional treatment at the family's expense. If the parent refuses to involve the student in treatment, the student will be referred to student services with a recommendation of alternative educational placement.
      5. The third violation will cause the student to be referred to student services with a recommendation of alternative placement, even if the student is in treatment.

   B. Selling or Distributing Violations
      1. Students selling or distributing prohibited substances on the school grounds or off campus so that it causes a serious direct and immediate effect on school functions or activities, will be suspended and referred to student services with a recommendation of alternative placement or expulsion.

II. During the time a student is on suspension or home placement due to a substance abuse violation, that student is not to be on campus, or be a spectator, or be a participant in any school function or activity.

III. I will not use, possess, distribute or sell any controlled substance (drugs, alcohol, paraphernalia, etc.) or abuse a non-controlled substance at school or at school activities or when being transported in a school dispatched vehicle. I will not sell or distribute any controlled substance off campus so that it causes a serious direct and immediate effect on school functions and activities.

_________________________________________________________________________  ______________
Student's Signature                    Date

As this student's parent/guardian, I have read the above contract and understand the consequences of any future violations of the district substance abuse policy.

_________________________________________________________________________  ______________
Parent/Guardian Signature             Date

I have personally reviewed this contract with the student and parent/guardian and witnessed their signature.

_________________________________________________________________________  ______________
Administrator Signature               Date