



**St. Pius X Catholic High School  
Student Honor Code and Student/Family Handbook  
SPX Family Pledge against Drug and Alcohol Usage  
Acknowledgement & Agreement  
2021-2022 School Year**

In order to ensure that students and their families are familiar with the philosophy, rules, regulations and policies of St. Pius X Catholic High School & the Archdiocese of Atlanta, we ask that students and parents or guardians please read and review the St. Pius X Student/Family Handbook, St. Pius X Student Honor Code Booklet and the SPX Family Pledge against Drug and Alcohol Usage. This form states that you as parents/guardians of students and students agree, as a condition of admission to abide by the policies of this handbook, Family Pledge and all governing administrative regulations of St. Pius X Catholic High School and the Archdiocese of Atlanta in effect at the time of admission, or as amended, for the duration of enrollment of the student.

**Please complete this form for EACH student attending St. Pius X and return this form to School between August 9, 2021 - August 13, 2021 with your student(s) to turn in during their homeroom period.**

Student Name (Please Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Name (Please print)

<b>Student Name:</b>	
<b>Student Grade:</b>	
<b>Student Homeroom:</b>	

**See SPX Family Pledge**

All official school documents must be returned to the school within 2 (two) school days of receipt to avoid disciplinary penalties.

**ARCHDIOCESE OF ATLANTA**  
**STUDENT SUBSTANCE ABUSE POLICY**  
**PARENT/STUDENT ACKNOWLEDGMENT FORM**

It is a part of the Archdiocese of Atlanta's commitment to safeguard the health of its students and to provide a safe place for its students to learn and to grow. The Archdiocese of Atlanta is committed to preventing the use and/or presence of these substances in its school or on its property and to encouraging its students to say "no" to drugs and alcohol.

I/We the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ hereby acknowledge that the Archdiocese of Atlanta's Substance Abuse Policy has been reviewed and explained to me/us and that I/we have received a copy of the written policy statement.

We further acknowledge the following:

1. That I/we have been notified that the unlawful manufacture, distribution, dispensation, possession or use of alcohol, drugs, or other controlled substances is prohibited on school property or during any school sponsored activity and that violation of these prohibitions will subject my/our child to rehabilitation referral and/or discipline up to and including expulsion.
2. I/we understand that as a condition of continued enrollment, my/our child will abide by the Archdiocese of Atlanta's Substance Abuse Policy, including the provision for random testing of all students. It is agreed and understood that if my/our child fails the drug and/or alcohol test by testing positive, s/he will be referred to counseling/rehabilitation or a substance abuse assistance program at my/our own expense, and/or disciplined in accordance with the school's policy up to and including expulsion. Any refusal to be referred to counseling/rehabilitation will result in immediate suspension pending a disciplinary review committee review. I/we further acknowledge and agree that if my/our child fails a second or follow-up drug and/or alcohol test, that s/he will be subject to grounds for immediate expulsion. Also, it is agreed that if my/our child is convicted of a violation of a criminal drug statute, I/we will notify the school within five (5) days of conviction.

I/We the undersigned parent(s) or legal guardian(s) understand and agree to the above terms and conditions of attendance at **St. Pius X Catholic High School**.

Student's Name \_\_\_\_\_ (Please Print) \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ARCHDIOCESE OF ATLANTA**  
**STUDENT SUBSTANCE ABUSE POLICY**  
**CHEMICAL SCREENING CONSENT AND RELEASE FORM**

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

\_\_\_\_\_  
Social Security No.  
**(last four digits)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone No.

I/We the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ hereby acknowledge that I/we have been informed of The Archdiocese of Atlanta Substance Abuse Policy and agree on behalf of our child to be bound by this policy for purposes of his/her enrollment and/or continued attendance at any archdiocesan high school for the duration of our student(s)' enrollment at said school. I/we also hereby state that, to the best of our knowledge, our child is not a user of controlled substances.

I/we, as the parent(s) or legal guardian(s) of the minor child, understand and consent freely and voluntarily to the school's request for a urine or other specimen or sample from our minor child, if and when such request is made. I/we further state that consent given herein is valid for the duration of our student(s)' enrollment at St. Pius X Catholic High School and that further notice or consent is waived.

I/we hereby release and hold harmless the school, the Archdiocese of Atlanta, the medical review officer or other medical professionals, the laboratory, their employees, agents and contractors from any liability arising from this request to furnish this or any specimen or sample, the testing of the specimen or sample, and any decisions made concerning our child's continued attendance at an archdiocesan high school, based upon the results of the tests. I/we, as parent(s) or legal guardian(s) and on behalf of our child, consent to allow the laboratory, hospital, medical review officer or other medical professional to perform appropriate chemical tests for the presence of alcohol, drugs or other controlled substances. I/we give permission to any laboratory, hospital, medical review officer or other medical professional to release the results of these tests to the school and release any such designated institution or person from any liability whatsoever arising from the release of this information.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date