



Fulton County Schools

Choose 180 Drug & Alcohol Prevention Workshop 2019-2020 Registration Form

Student Name: _____

Home School: _____ **Was student referred due to hearing? (Y/N)** _____

Parent Name (please print): _____

Parent Email Address: _____ **Parent Phone Number:** _____

I, the parent or guardian of the above student, agree to attend Fulton County Schools Choose 180 Drug and Alcohol Intervention Workshop. In addition, I also agree to cooperate with the facilitators of the workshop. I understand and acknowledge that attendance of the student and parent is expected at the pre-agreed upon day and time. Maximum impact of the program will be achieved when parent and/or designated stand-in (must be 18 years or older) attends the entire session with their student. I further understand that if either parent or student appear to be under the influence of alcohol or any other drug while in attendance, both parent and student will be excused and/or terminated from the program, with a referral to the Office of Student Discipline to determine next steps. I further acknowledge that the Director of Student Discipline may enforce new discipline and/or interventions as deemed appropriate.

Workshop Scheduled Date: _____ **North/South Session:** _____

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

North Location & Room #:
Centennial High School
9310 Scott Rd.
Roswell, GA 30076
Room: E31

South Location & Room #:
Tri-Cities High School
2575 Harris St.
East Point, GA 30344
Room: TBD

For Administrator Use Only

Administrator Name (please print): _____ **Administrator Title:** _____

Administrator Signature: _____ **Date:** _____

Reason for Program Referral: _____

Notes: _____

Student Completion Date: _____