**Parent Letter: ADAP Program Requirement**

Dear Parent/Guardian,  
  
As part of the Georgia state mandate, all high school students enrolled in Health class are required to complete the Alcohol and Drug Awareness Program (ADAP). This program is a necessary step for students to obtain their driver’s license in the future. While obtaining a license may not be a top priority now, completing the ADAP course will ensure that students are prepared and have the documentation needed when the time comes.  
  
To complete this requirement, please assist your student with the following steps at home:  
  
1. Sign up and create an account for ADAP using the last four digits of the student’s Social Security Number. LINK: <https://online.dds.ga.gov/eADAP/StudentRegistration.aspx>   
2. When prompted for the reason for completing the course, select \*\*Other\*\*.  
3. Once registered, return to the email used to locate the username and password provided. This login information will be used to access the course.  
4. Log in and complete the Pre-Test, all modules, and the Final Test.  
5. Upon completion, take a screenshot of both the Final Test grade and the Certificate earned. Upload both into Canvas in the appropriate section created by coach

6. The grade will put in **September 3, 2025** if not done by this date students will have time to makeup, but a zero will put in the gradebook until both documents have been submitted in Canvas.

7. Parents should save and/or print the Certificate for future licensing purposes.  
8. the email and login information in a safe place so the Certificate can be accessed again if needed.  
  
This process ensures transparency for both students and parents while meeting the state requirements. It is important to complete and properly save these documents now, so they can be easily located when needed in the future.  
  
We greatly appreciate your cooperation in helping your student fulfill this important state-mandated requirement.  
  
Sincerely,  
Coach Thomas  
Health Teacher  
Westside High School

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Parent/Guardian Acknowledgement: Please return this portion by September 28th 2025  
  
I have read and understand the requirements for my student to complete the ADAP course as outlined above.  
  
Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  
  
Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_