



# Haywood County Schools

1230 North Main Street  
Waynesville, NC 28786  
828 456 2400

Anne G. Garrett, Ed., D.  
Superintendent

## WITHDRAWAL OF STUDENT DRUG TESTING CONSENT FORM

I hereby withdraw consent for \_\_\_\_\_ (Student) to participate in the Haywood County Schools random drug testing program. I understand that once this form is submitted, the student will not be eligible to participate in interscholastic athletics and other voluntary extracurricular activities, or have campus parking privileges until after the end of the current school year and the student agrees to participate in the random student drug testing program by submitting a new consent form.

Dated: \_\_\_\_\_ 20\_\_\_\_\_

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

\_\_\_\_\_  
Name of Parent/Guardian

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of School Official

\_\_\_\_\_  
Signature of School Official



### Board of Education

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