



Haywood County Schools

1233 North Main Street
Waynesville, NC 28786
828 456 2400

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

Charles H. Francis, Chairman

Logan Nesbitt, David Burnette, Ronnie Clark, Jim Harley Francis,
Larry Henson, Steven Kirkpatrick, Marla Morris, Jimmy Rogers