

NORTH ADAMS COMMUNITY SCHOOLS RANDOM DRUG TESTING PROGRAM

WITHDRAWAL FORM

I, _____, have decided to withdraw my name from the random drug testing pool. By doing so I understand that once signed, I will not be allowed to participate in any extra-curricular/co-curricular activities or drive to or from school for **365 days**. After the 365 days have elapsed, I may then re-enter into the testing pool with a completed Random Drug Testing Consent Form and by testing negative. I understand that this re-entry drug test will be paid for by **the student or his/her parent/guardian**.

Student Signature

Date

Parent/Guardian Signature

Date



Respect | *Community* | *Growth*