

4.3.3F2 – CHEMICAL SCREEN NOTIFICATION OF VIOLATION

**VAN BUREN SCHOOL DISTRICT
VAN BUREN, ARKANSAS
Notification of Violation of
Drug Screen Testing Policy**

I, _____ am the custodial parent/legal guardian of _____ a student in the Van Buren School District. I have been notified by officials of Van Buren School District that _____ (student' s name) has tested positive during the drug test administered under the provisions set by the Van Buren School District.

The student is hereby recommended for counseling, if any charge is incurred, it will be the responsibility of the parents. The student will also be placed on probation and not be allowed to participate in competitions, presentations and activities of Van Buren Schools for a period of twenty days.

On day twenty-one, the student will be allowed to be retested (at the expense of the parent/guardian) under the guidelines set for in the Drug Screen Test Policy. I, the custodial parent/legal guardian, understand that if the test results are found to be negative, the so named student will again become eligible for competitions, presentations and activities relating to Van Buren Schools. I also understand that there will be a minimum mandatory drug screen or lab test on a monthly basis at the expense of the parent/guardian. The duration to be determined by the intervention program. (A maximum of six months.)

If the test results are positive, the so named student will be suspended from competition, presentations and activities relating to Van Buren Schools for remainder of the school year. If the positive test is in the spring semester, the student will not be able to participate during the following fall semester. In addition to the suspension, the student will be immediately referred for professional counseling and rehabilitation at the expense of the parent.

Custodial parent/ legal guardian School Official

Custodial parent/ legal guardian Date

**Notification of Second Positive Results of
Drug Screen Test**

I, _____, custodial parent/legal guardian of
_____, a student in the Van Buren School System, was notified
on _____(date) of the first positive drug screen test results of the so
named student by _____(School Official). At that time, I

understood that the student would be on probation and not be allowed to participate in
competitions, presentations and activities of Van Buren Schools for a period of twenty days.
I understood that on day twenty-one, at my on expense, I could request a second test administered
under the guidelines set forth in the Van Buren School District' s Drug Screen Policy. I, custodial
parent/legal guardian of the so named student, was notified of the second positive test results on
the date of _____(date) by _____ (School official).

I understand that under the Van Buren School District' s Drug Abuse Policy, which I, the
custodial parent/guardian consented to when I signed the consent form, the so named student will
be suspended from competitions, presentations and activities for the remainder of the school year.
If this positive test is in the spring semester, the student will not be able to participate during the
fall semester. I also understand that I should seek professional counseling and rehabilitation for
the named student.

Custodial parent/legal guardian

School Official

Custodial parent/legal guardian

Date