



Appendix C

WITHDRAWAL OF STUDENT FROM ACTIVITY
2019-2020 SCHOOL YEAR

I understand that by signing this form I am rescinding my permission for random drug screening and no longer wish to participate in any extracurricular activity. I further understand that I am forfeiting my privilege to participate in athletics and/or extracurricular activities for the remainder of this school year.

I hereby rescind my consent to the administration of the drug screening and forfeit all participation in extracurricular activities for the remainder of the school year at the school district.

Student's Printed Name: _____

Signature: _____ Date: _____

Parent/Guardian's Printed Name: _____

Signature: _____ Date: _____

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