

4.3.3F2 – CHEMICAL SCREEN NOTIFICATION OF VIOLATION

**VAN BUREN SCHOOL DISTRICT
VAN BUREN, ARKANSAS
Notification of Violation of
Chemical Screen 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

chemical screening administered under the provisions set by the Van Buren School District.

The student may be 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, activity programs, which includes driving a vehicle to school, relating to Van Buren Schools for a period of twenty-one days.

On day twenty- two, the so named student will again become eligible for competitions, presentations, activity programs, and driving a vehicle to school, relating to Van Buren Schools and will again be eligible to be tested if they are randomly selected.

After the second positive test result, the so named student will be suspended from competitions, presentations, activity programs, and driving a vehicle to school, relating to Van Buren Schools for the 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.

After the third positive test result, the so named student will be suspended from competitions, presentations, activity programs, and driving a vehicle to school, relating to Van Buren Schools for the remainder of his enrollment with the school (may be appealed to the Board).

Custodial parent/ legal guardian

School Official

Custodial parent/ legal guardian

Date

VAN BUREN SCHOOL DISTRICT
VAN BUREN, ARKANSAS
Notification of Second Positive Results of
Chemical Screen

I, _____, custodial parent/legal guardian of
_____, a student in the Van Buren School System, was notified
on _____ (date) of the first positive chemical 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, activity programs, which includes driving to school relating to Van
Buren Schools for a period of twenty one days. 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 Chemical Screen 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, activity programs, as well as driving to school,
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

Approved by Board of Education 02/10/15

Approved by Board of Education 01/12/16