



The School Board of Okeechobee County
Random Drug and Alcohol Testing Program
Withdrawal of Student from Program

I am withdrawing from The School Board of Okeechobee County, Florida, Random Drug and Alcohol Testing Program. I no longer participate in the following:

- Athletics – list sport(s)_____
- Extracurricular activities – list activity/club(s)_____
- On-Campus Parking
- Voluntary Participation

A copy of my signed form will be provided to the head coach and/or the advisor of each activity in which I have participated. My student identification number will be withdrawn from the testing pool on the date this signed form is received by the Principal or his/her designee. By completing this form, I certify that I am withdrawing from all athletic programs, extracurricular activities, or on-campus parking. I understand that by withdrawing from the random drug and alcohol testing program, I can no longer participate in any athletic program, extracurricular, or on-campus parking, and I may not receive any recognition as a member of the athletic program or activities.

Student Signature	Grade	Printed Student Name	Date
Parent Signature		Printed Parent Name	Date
Home Telephone Number		Cell Telephone Number	

For Office Use Only:

Student's ID Number _____