

Date

Washoe County School District Substance Abuse Program Second Offense Form

Counseling Services
Phone: 850-8012
Fax: 850-8020

Dear Mr./Mrs.

This is to inform you that your student has been suspended for a **second** substance abuse offense. It is the Washoe County School District's policy that the student be suspended for ten (10) days. Five days of the suspension are mandatory; the remaining five days may be waived if the student receives a chemical abuse evaluation (i.e. drug test) by an approved third party at the parent or guardian's expense. This assessment shall be completed within the mandatory five (5) days suspension. Proof of chemical assessment **MUST** be furnished to the school of attendance upon return from mandatory suspension. Furthermore, the student will be referred to a community agency for a minimum of **eight consecutive** alcohol/drug related support sessions. A student following the requirements stated above will be allowed to continue regular school attendance. Failure to complete the above requirements will result in the student being suspended the remaining five (5) days. Please call me regarding your choice of the ten-day suspension or participation in the alternative program stated above.

Sincerely,

Student Information

Student Name:

School

DOB

Grade

Sex

Offense

Specify Other

Date of 1st offense:

Date of chemical eval