

*Seminole Independent School District*

207 Southwest 6th Street  
Seminole, Texas 79360  
Phone 432/758-9662  
Fax 432/758-9833

Date: \_\_\_\_\_

\_\_\_\_\_ (student's printed name) was unable to provide a sample within the allotted time for drug testing. Upon notice of this letter, the parent/guardian has 48 hours to contact the school and submit a written appeal. Upon receipt of the appeal, the district will attempt to schedule a hair follicle test with the contract drug testing company. The hair follicle test will be at the expense of the parent. If the drug testing company is unable to come to Seminole within a reasonable length of time, the parent/guardian may be required to take their child to Odessa or Lubbock for the test. Parent/Guardian of student's identified as economically disadvantaged may request a fee waiver from the Superintendent or the Superintendent's designee.

Student signature: \_\_\_\_\_

Principal or designee signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Total cost for additional testing: \$70.00 paid to Seminole I.S.D.

\_\_\_\_\_  
Date: \_\_\_\_\_

I want to appeal the drug test? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, does your child qualify for a fee waiver? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent signature: \_\_\_\_\_

Parent printed name: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Payment received: \_\_\_\_\_