



TIPTON-ROSEMARK ACADEMY

8696 Rosemark Road  
Millington, TN 38053-4805  
Phone: 901/829-6500  
Fax: 901/829-4292

Dear Upper School Parent,

As I am sure you are aware, according to the policies of Tipton-Rosemark Academy, all students are subject to drug testing. In your student handbook you will find the policy on the Drug testing Program. It simply states the following:

“All students in grades 6-12 shall be considered to be included in this policy.”

“At the beginning of the school year, 100% of the student body in grades 9-12 will participate in the drug testing program, and all results will be sent to the school and the parents. Any student who enrolls at TRA after the school year has begun will automatically be included in the next random drug testing.”

The drug-testing program should be viewed as an effort by the school to aide the parent in the education of the child in the areas of the dangers of drug use and addiction. The drug testing program is designed to serve as a deterrent to drug use by the adolescent and to help ensure the safety of all children.

Please complete the form on the reverse side and returned to your child’s homeroom teacher immediately.

Serving Him,

Alex Hooker Principal

**\*\*\*\*\*Please Fill out the Reverse Side\*\*\*\*\***



**Tipton-Rosemark Academy  
2015/2016**

**Upper School Students Only**

**STUDENT DRUG & ALCOHOL SCREENING CONSENT & RELEASE FORM**

The undersigned student submits urine, hair, saliva, and/or breathe sample to be tested for the presence of drugs and/or alcohol. The Medical Review Officer will review all positive results.

The results of all tests will be submitted to the Principal and/or Headmaster of Tipton-Rosemark Academy. Tipton-Rosemark Academy will notify the student's Parent(s) and/or Guardian(s) of any positive results. Please complete the following information:

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Homeroom Teacher

\_\_\_\_\_  
Name of Parent or Guardian (Please Print)

\_\_\_\_\_  
Daytime / Work Phone#

\_\_\_\_\_  
Address

\_\_\_\_\_  
Evening / Home Phone#

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Mobile#

**This release is valid for all drug & alcohol screening performed during the current school year. No attempt by the undersigned to modify or amend this release will change its terms.**

So agreed, this the \_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Student's Signature