

SUBSTANCE USE/ABUSE TREATMENT

NOTIFICATION OF COMPLETION OF REHABILITATION PROGRAM

I hereby notify the Bondurant-Farrar Community School District that

_____ has successfully
Name of Student

completed the rehabilitation program at _____
Name of Facility

_____.

Date

Name

Title

Adopted: 6/14/1993
Reviewed: 1/10/2022
Revised: 5/09/2011