

Jordan School District  
**Drug and Alcohol Appeal Narrative**

Student Involved in Drug and Alcohol Violation:

Date of Drug and Alcohol Violation:

Approximate Time of Violation:

Place of Violation:

Describe the Violation (Be specific):  
(Please attach additional sheets as necessary)

\_\_\_\_\_  
Signature of Assistant Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date