

As per state law, each year students between grades 5-12 receive an age-appropriate presentation on suicide prevention. This presentation provides factual information approved by the Washington State Department of Health and Arlington Public Schools.

Consistent with Policy 2145, students are not required to participate in suicide prevention education. If you **DO NOT** wish your child to participate in the suicide prevention education curriculum, please complete this form and turn it in to your child's teacher.

After reviewing the suicide prevention education materials, I do not want:	
Studen	t's Name
to participate in:	
The entire suicide prevention curriculum	
The following lesson(s) within the suicide prevention cu	rriculum:
1)	
2)	
3)	
I understand that he/she will not be allowed to remain in the cla receive alternative lessons deemed appropriate by the school.	ssroom while the curriculum is being taught, and that he/she will
Child's school:	Grade
Reason(s) for not participating:	
Parent/Guardian Name (Please Print/Type)	
Signature	Date:
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