



Chaparral Middle School

SOS PROGRAM OPT-OUT SLIP

I, _____, **DO NOT** give permission for _____
Name of Parent or Guardian *Students Name*

To participate in the Signs of Suicide (SOS) program that will take place **at Chaparral Middle School on April 6th, 2022**. I understand by signing OPT-OUT request, my student will not receive the information about depression and suicide prevention that will be presented. If they do not receive this information at the school, it is the hope of the Administration and Staff at **Chaparral Middle School** you will find an alternative way for your student to get this important information.

X _____
Signature of Parent/Guardian *Date of Signature*

***** To make sure we receive the SOS Program OPT-OUT Slip from you, please bring it or send it with your student to the Counselor's Office *****