



Whole Group School Assembly

Parent/Guardian Consent (Opt In) Form

Dear Parents or Guardians,

We are excited to announce an upcoming assembly at our school that will focus on raising awareness equipping students with essential skills and knowledge to navigate various challenges they may encounter, empowering them to make informed decisions and lead healthy lives.

Our prevention programs are tailored to specific grade levels and age groups, ensuring that the content is both grade-specific and age-appropriate. Below is the assembly's title, date, and time of the assembly.

Assembly Title: _____

Date: _____

Time: _____

As partners in your child's education, we believe that your involvement and support are essential in reinforcing the messages conveyed during this assembly. Therefore, we kindly request your consent for your child to attend. For more information regarding this assembly, please contact your child's school.

Please fill out the bottom portion of this letter to indicate whether you give consent for your child to participate in the assembly.

I GIVE CONSENT FOR MY CHILD TO PARTICIPATE IN THE ABOVE
ASSEMBLY.

Student name: _____ Classroom Teacher: _____

School Name: _____ Grade Level: _____

Parent Guardian Name: _____

Parent or Guardian Signature: _____