

Mental Wellness Screening Opt-Out

Grades 9 and 11

If you **DO NOT** want your student(s) to participate in the Mental Wellness Screening, complete and return this form to your student's school counselor.

Grade 11: please return by **Friday, October 1, 2021**

Grade 9: please return by **Friday, October 29, 2021**

Student(s) Name(s): _____

Parent/Guardian Name: _____

Signature of parent/guardian: _____