**Suicide Prevention**

Parents/Guardians are invited to attend the Suicide Prevention Workshop. Come learn the signs and prevention techniques of suicide from.



***Date:*** *February 13, 2014* ***Time:*** *6:00pm*  ***Location:*** *P.S. Library*

Refreshments will be provided. If you have any questions or concerns, feel free to contact Antonia De Luz-Roane at 302.762.7146 ext. 1158 or at antonia.deluz@bsd.k12.de.us.

**To RSVP please complete and return bottom portion to Antonia De Luz-Roane by Wednesday, February 7. Return one form per family.**

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**\_\_\_Yes!!! We’ll be there for Suicide Prevention! (#) \_\_\_ of Parent(s)/Guardian(s) attending \_\_\_ Yes!!! I need Child Care**

**\_\_\_Yes!!! I need Transportation \_\_\_Yes!! I need handicap assistance**

**Parent/Guardian Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student(s) Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Homeroom Teacher’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_