



## NORTH SPRINGS CHARTER SCHOOL

7447 ROSWELL ROAD, N.E.  
ATLANTA, GEORGIA 30328

PHONE: (770) 551-2490  
FAX: (770) 551-2498

Dear Parent or Guardian:

North Springs Charter High School takes seriously the emotional and physical safety of our students. In order to proactively address concerns of depression and teen suicide, North Springs is joining with other Fulton County schools to offer suicide prevention training as part of the SOS - Signs of Suicide Prevention Program. This program has proven successful at increasing help-seeking by students concerned about themselves or a friend and is the only school-based suicide prevention program selected by SAMSHA for its National Registry of Evidence-Based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts.

Our goals in participating in this program are straightforward:

- **To explain that suicide is a preventable tragedy that often occurs as a result of untreated depression.**
- **To provide students training in how to identify serious depression and potential risk of suicide in a friend.**
- **To impress upon teens that they can help themselves or a friend by taking the simple step of talking to a responsible adult about their concerns.**

This program will be implemented through the 11<sup>th</sup> and 12<sup>th</sup> grade Literature classes on November 11-13, 2014.

If you **DO NOT** wish for your child to participate in the SOS - Signs of Suicide intervention training in school, please complete the enclosed form and return it to NSCHS to the attention of the Guidance Department. If we **DO NOT** hear from you by **November 7, 2014**, we will assume your child **has permission** to participate in this program. If you have any questions or concerns about this program please do not hesitate to contact us at 770-551-2490.

Sincerely,

*North Springs Charter High School Guidance Department*

Dr. Genoulia Johnson, Head Counselor Last name (A-C)

Jamie McMahan, Counselor Last name (D-Ke)

Hope Worrell, Counselor Last name (Kh- Reg)

Jennifer Sidelinger, Counselor Last name (Reh-Z)

Ava Butler, Counselor, Special Programs, Crisis Intervention, IEP



"SCHOOL OF EXCELLENCE"



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I, \_\_\_\_\_,  
(*Name of Parent*)

**DO NOT** give permission for

\_\_\_\_\_  
(*Name of Student*)

to participate in the SOS - Signs of Suicide Prevention Program  
at North Springs Charter High School. This program is  
scheduled to take place on November 11-13, 2014.

X \_\_\_\_\_ (*Signature of Parent*)



"SCHOOL OF EXCELLENCE"