BIMAS Opt Out Form

I understand that my child's school, Castle Heights Middle School, will be completing a universal assessment of behavioral health to all students. I wish to not have an assessment completed for my child. I understand that by signing this form, my student will not be included in the school-wide assessments.

| Student's Name: | |
|----------------------------------|--|
| Print Name of parent / guardian: | |
| | |
| Signature of parent / guardian: | |
| Date: | |