**(Insert Principal’s Name Here)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Based on knowledge of your (child/teen), and several other (teens/children), having faced the loss of a loved one, we **would like** to offer a childhood grief support group at school on (Insert Day) at (Insert Time of Day). This opportunity is optional, but we want to offer it to you as a partner in your child’s journey. There is no charge for this group. If you wish for your (teen/child) to participate, you may complete the attached forms and return them to school. This outreach is intended to provide an additional layer of support, so we hope you will find it beneficial.

This support group will be led by (Name of Facilitator). (Give information about facilitator – i.e. credentials, years of experience in education, licenses

Sessions for the (Insert) school year are scheduled for: (Insert Date )Please feel free to contact me (Insert Email, Insert Phone) with any questions.

Sincerely,

(Insert Principal’s name)