



Seattle Public Schools

Tobacco Diversion Class Referral Form

Name of student: _____

School: _____

Age: _____ Home phone number: (____) _____

Referral made by: _____

Phone: (____) _____ Email: _____

I acknowledge that I am in violation of Seattle Public School's Tobacco Free Environment Policy and agree to attend the tobacco diversion class. If I am absent from the required class, my absence will be reported to my school and handled through the school district's policy.

Date Signature of Student

I am aware of my son/daughter's above-mentioned violation. He/she is aware of the required diversion class and agrees to participate in the class.

Date Signature of Parent/Guardian

You have been enrolled for the smoking Diversion Class:

Date/Time: _____

Location: _____

Call Lisa Sharp, Tobacco Prevention Specialist, at (206) 252-0859 if you have any questions.

Students

The school will fax this form to the Tobacco Prevention Program (2-0791)

Have your parent/guardian sign this form.

Take this form with you to the diversion class.