

Notification of Enrollment in Adolescent Health Study

Dear [Participant's Name],

We are pleased to inform you that you have been selected to participate in our Adolescent Health Study. Your involvement is crucial to understanding the health needs of adolescents in our community.

Study Details:

- **Study Title:** Adolescent Health and Well-Being
- **Location:** [Study Location]
- **Duration:** [Duration of the study]
- **Start Date:** [Start Date]

As a participant, you will have the opportunity to contribute to significant research that may help improve adolescent health services in the future. All information collected will be kept confidential.

For more details regarding your participation or if you have any questions, please contact us at [Contact Information].

Thank you for your willingness to participate in this important study. We look forward to working with you!

Sincerely,

[Your Name]

[Your Position]

[Organization Name]

[Contact Information]