

Derry Cooperative School District
Request for Middle School Reassignment Form
2017-2018 Sixth Grade Students
Three-Year Commitment

Student Name: _____

Address: _____

Elementary School: _____

I, _____, am requesting that my child,
(Parent/Guardian)

_____, be considered for reassignment
(Child's Name)

from Gilbert H. Hood Middle School to West Running Brook Middle School. I understand that, if
selected, this commitment will be for all three middle school years.

(Parent/Guardian Signature)

(Date)

_____ I will transport my child to and from West Running Brook Middle School.

_____ My child will need bus transportation.

Please return this form no later than Friday, April 14, 2017, to the office of the Superintendent of Schools at 18 South Main Street. Forms will be accepted in person, by mail, by fax (432-1264), or by email to mtagliatela@sau10.org. **Forms will be date and time stamped as they are received.**

Thank you.