



Western Rockingham Middle
915 NW Ayersville Road
Madison, NC. 27025
(336) 548-2168
Date:

Dear Parent or Guardian,

Your student _____ has been chosen to be a Wildcat Peer to Peer Mentor for a lower grade level student (6th grader). This program has been designed to bring support to students at Western Rockingham Middle. Your student will spend time with them once a week during the school day. Classroom instruction time will not be missed.

The purpose of this program is to create an opportunity for students to build a special relationship with someone at school. This is the 2nd year of the Wildcats Peer to Peer program and it is our hope that the students who participate in the program will feel school is a very positive and caring place.

Please contact Ms. Green or Mrs. Berry if you have any questions at (336) 548-2168.

Thank-you
Kimberly Green (School Counselor) & Beth Berry (School Social Worker)

Mentor: _____

_____ I DO wish to have my child participate in the Wildcats Peer to Peer Program.

_____ I DO NOT wish to have my child participate in the Wildcats Peer to Peer Program

Parent signature: _____

*This is not a counseling program

*Please return even if you decline program