

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

Dear Parent or Guardian,

Your student _____ has been chosen to start or continue in our Wildcats mentoring program. This program has been designed to bring support to students at Western Rockingham Middle. Your student has been paired with a Teacher or staff member that will check in on them once a week during the school day. The Teacher/mentor will also be in contact with you to introduce themselves as your students mentor.

The purpose of this program is to create an opportunity for students to build a special relationship with someone at school. This connection will provide them with extra support from an adult they can talk to if they have a problem that needs extra attention. This is the 4th year of the Wildcats Mentoring program and it is our hope that the students who participate in the program will feel school is a very positive and caring place.

There will be one or two after-school, events that your child and their mentor will have a chance to attend together this year. The after-school event letter will be sent home later. If you would like your child to attend the after-school, activity just remember that you will be responsible for picking your child up at school by 4:00 p.m.
Please contact Ms. Green or Mrs. Williamson if you have any questions at (336) 548-2168.

Thank-you
Kimberly Green & Rachel Williamson (School Counselors)

Mentor: _____

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

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

Parent signature: _____

*This is not a counseling program

*Students can still participate even if not interested in after-school events

*Please return even if you decline program