

DUPLICATE CORRESPONDENCE REQUEST FORM

**Bay View Middle School
1217 Cardinal Lane
Green Bay, WI 54313
(920) 662 – 8196**

For students who have more than one address, please complete this Duplicate Correspondence Request Form. It is our hope that this will help keep better communication between school and home, especially in cases where parents at different addresses would like to keep informed of school dates, events and activities. The parent/guardian with custody rights will need to approve duplicate correspondence in writing at the beginning of each school year. If there is shared custody, both parties are eligible to receive student information. We simply need to be notified of the need for an additional mailing. We will honor these requests for duplicate correspondence to the best of our ability. If there is a reason this information cannot be provided to another party, we need to have court-ordered documents on file restricting this action. By allowing us to keep all parents aware of what is happening at Bay View, your child/ren benefit the most. Thank you for your cooperation.

Complete the information below if weekly newsletters and copies of quarterly report cards should be mailed to a second mailing address. Please print clearly.

Student's Name: _____ Grade: _____

Custodial Parent/Guardian:

Name: _____

Address: _____

Telephone: (_____) _____ - _____

Person to Whom Duplicate Correspondence should be sent:

(non-custodial parent or individual sharing joint custody)

Name: _____

Address: _____

Telephone: (_____) _____ - _____

Requested by: _____ Relationship to Child: _____

Date: _____

For Office Use: _____ Date Received _____ Secondary Address Updated _____ Copy Sent to STRIDE Advocate _____
