Dear Parent/ Guardian,

Because of your child’s interest in developing a peer mediation group and/or recommendation from a staff member, you child has been chosen to participate in the first Dixon Middle School Peer Mediation Team. This program will allow specially selected students to train as mediators who will then help other students find positive ways to solve disagreements.

If you are willing to allow your child to participate in the DMS Peer Mediation Team, please sign the form below and return it

I would like to conduct the training during summer. I am looking at

If you have any questions, please call me at 910-347-2738. You can also email me at [julianne.grossman@onslow.k12.nc.us](mailto:julianne.grossman@onslow.k12.nc.us).

Sincerely,

Julie Grossman

DMS School Counselor

**PERMISSION FORM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to participate in the DMS Peer Mediation Team.

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**Parent/Guardian** (Please print and sign above.)

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**Date**