

TRI-TOWN SCHOOL UNION  
(Topsfield, Middleton, Boxford)  
OFFICE OF SPECIAL EDUCATION  
28 Middleton Road • Boxford, MA 01921  
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Sharon D. Lyons  
Special Education Administrator

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Superintendent of Schools

April 8, 2011

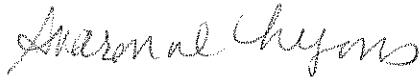
Dear Parents,

We are looking forward to your child participating in our summer program this year. As some of you travel across town lines to access the summer program offered to your child and also have other children to get to their various summer activities, and of course, many of you have year-round jobs that make it difficult to drive your child to and/or from their summer program, in past years we have received a number of requests from parents about the sharing phone numbers, etc. so that parents may connect with one another in order to explore car-pooling options. We are happy to try and broker those communications.

If you would like your name, address, email and phone number to be shared with other parents from your town for the purpose of exploring carpool options, please fill in the bottom half of this letter and return to the Special Education office as soon as possible; you may also scan and send this form by email to [sl Lyons@tritownschoolunion.com](mailto:sl Lyons@tritownschoolunion.com). We would like to compile this list and distribute via email to all who have given us written consent to do so by the close of school so that you have opportunities to talk amongst yourselves to determine if there are days and times that the driving could be shared.

Please feel free to call me if you have any questions, 978-887-4119.

Sincerely,



Sharon D. Lyons  
Special Education Administrator

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Student(s) Name: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Best Phone # to reach me: \_\_\_\_\_ Email: \_\_\_\_\_

My child's summer schedule is: \_\_\_\_\_ My child's summer program school is: \_\_\_\_\_

\_\_\_\_\_ I agree to allow the Boxford, Middleton, or Topsfield Public Schools to release ALL the personal information above to be shared with other parents of students enrolled in the Boxford, Middleton, and Topsfield Public Schools summer programs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date