

**Bellingham Middle School**

# Bellingham Partnership of Schools

**Proposal to lengthen the school day-consultation**

**Response Form Parents and Carers of Bellingham Partnership of Schools**

|  |
| --- |
| **Proposal to lengthen the school day-consultation****Response Form:** |
| **Signed: Parent / Guardian: …………………………………..** **Date: ………………………..….** |