

Mr. Robert Hauser
Superintendent of Schools
Ms. Aleta Parker
Assistant Superintendent
of Curriculum & Instruction
Mr. Michael Miller
Principal
Mrs. Melisa Stiles
School Business
Administrator



Bridgehampton Union Free School District

Accredited by the Middle States Association/Council on Elementary and Secondary Education

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Bridgehampton High School PARENT REQUEST FOR SUPERINTENDENT DETERMINATION OF GRADUATION WITH A LOCAL DIPLOMA

Student's Name:	Student's Date of Birth:
Current Age:	Expected Year Of Graduation:
Name of Parent or Legal Guardian:	Address:
Daytime Telephone Number:	Email Address:

Dear _____
Principal, Committee on Special Education Chairperson, or Superintendent

This letter is to formally request that my child _____, be considered for the superintendent determination of graduation with a local diploma option, and that his/her academic records be reviewed to determine if he/she meets the conditions, and/or has otherwise met the standards for graduation with a local diploma.

Sincerely,

Parent Signature

Date

Parent's Name (print)

This is a form that can be used for the purpose of requesting the Superintendent Determination of Graduation with a Local Diploma; however, a written request in any form is acceptable for the purpose of submitting such request.