



**Commonwealth of the Northern Mariana Islands
Admiral Herbert G. Hopwood Middle School**

P.O. Box 501370 Saipan, MP 96950
Tel: (670) 237-3425/3421/Fax: (670) 664-5080



DATE: _____

Rizalina Liwag
Principal

TO: Cynthia Deleon Guerrero
Commissioner of Education

Victorino Borja
Vice Principal for
Discipline & Student
Services

THRU: Rizalina Liwag
HMS Principal

Christine Tudela
Vice Principal for
Curriculum &
Instruction

FROM: _____
Parent

Ruby Hocog
Administrative
Officer

SUBJECT: Out of Zone Enrollment Request

Counselors
Jillian Pladevega
Livia Pangelinan
Marjorie Kintol

We/I, _____ and _____, the
parent/s of the _____ grade student/s whose name/s is/are
_____, would like to request for our child/children
to be enrolled in your reputable school due to

PTSA Officers
Elizabeth Olouachez

President

Minda Castro

Vice President

Damiana Arkoh

Vice President

Bonnie Sagana

Secretary

Jude Loste

Secretary

Catalina Benedicto

Treasurer

Dennis Tababa

Treasurer

We understand that transportation will not be provided for our child/children,
therefore we are willing to take responsibility for her/his daily transportation to and
from the school and to other events required by the school. We also understand that
our child/children could be transferred back to their appropriate school zone with the
school administrator's discretion.

Thank you and we are hoping for your approval to this request.

Sincerely,

Parent's Signature