

JACK BRITT HIGH SCHOOL



7403 Rockfish Road, Fayetteville, North Carolina 28306-7270
Phone: (910) 429-2800 Fax: (910) 429-2813

Request for a Letter of Stabilization

Date Requested: _____ Deadline Date: _____

Parents Name: _____
(Print Clearly) (Last) (First) (Middle)

Students Name: _____
(Print Clearly) (Last) (First) (Middle)

Date of Birth: _____ SSN: _____
(MM/DD/YYYY)

Grade of Student: _____ Expected Year of Graduation: _____

Parents Signature: _____ Phone Number: _____

Please allow at least three days to process your request. All requests must be signed by a parent and returned to Mrs. Jones in the Counseling Center.

You may mail the request to:

Jack Britt High School
ATTN: Mrs. Shawnelle Jones
7403 Rockfish Road
Fayetteville, NC 28306