

STUDENT PEN PAL PROGRAM!

**Rye Public Library, Rye, New Hampshire, United States
and
Rye College/Rye Community Primary School, Rye, East Sussex, United Kingdom**

Welcome to the Rye, U.S./U.K. Pen-Pal Program! Have fun writing a letter, or letters, to another student across the Atlantic Ocean! Students will be randomly matched by age (ages 8-16). To participate in this exciting new program please complete the registration form below.

If you live in Rye, New Hampshire please print the registration form online at our website at ryepubliclibrary.org or complete the form available in the Youth Room. Once you are matched with a pen pal, write your letter and bring it to the library. The library will provide envelopes, postage and mailing.

If you live in Rye, East Sussex please complete the registration form and give it to your school librarian. Once you are matched with a pen pal, write your letter and bring it to your school library. If you need paper or envelopes, see Ms. Pamela Woods. Postage and mailing will be provided by the school library.

Please Complete

Student's Full Name: _____ **Age** _____

Parent/Guardian Full Name: _____

Parent/Guardian Email: _____ **Phone:** _____

Pen-Pal Guidelines:

The intent of this program is to give students in these Rye Communities the opportunity to exchange letters via postal mail, learning about other students their age and building unique friendships.

- 1) Registered students may write letters with the frequency they choose.
- 2) Adult assistance is welcome.
- 3) Letters should be friendly and honest.
- 4) Students may discontinue the program at any time. We simply ask that you complete a registration form and check the DISCONTINUE PROGRAM box at the bottom of the form. Please return the form to the appropriate contact below.
- 5) A parent or guardian must sign below for a student to participate in the program.

**As the student's parent/guardian, I give _____ (student name)
permission to be part of this Student Pen-Pal Program.**

Parent/Guardian Signature _____ **Date:** _____

DISCONTINUE PROGRAM

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