



Parent Consent Form

This form must be completed and returned to teacher before the program begins.

Student First Name: _____ Last Name: _____

Campus: _____ Grade: _____ Age: _____

Dear Parent/Guardian:

Your son/daughter has been selected to participate in the **Mentor Program**.

This program matches an adult mentor to serve as a model, friend, coach, or guide. This mentor will take a personal interest in the growth and development of your son/daughter. The purpose of the mentoring program is to provide support for students that will empower them to become independent, self-sufficient, and confident students.

Please circle the appropriate choice:

YES NO I give permission for my child to participate in the mentor program.

YES NO I give permission for my child's mentor to access his/her grades, attendance records, conference with teachers, and/or participate in school meetings concerning my child's performance.

YES NO I give permission for my child to be photographed or video recorded in activities, programs or functions affiliated with promoting mentoring or educational purposes.

*Confidentiality of student records is strictly maintained. The information is for evaluating student progress and impact of the program.

By signing and returning this form you have authorized permission for your child to participate in this worthwhile mentor program.

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____ Email: _____