



Seniors Mentoring StudentsProgram

## PARENT/GUARDIAN PERMISSION FORM

The parent/guardian of: \_\_\_\_\_

Your son/daughter has been selected to participate in the Senior Mentoring Program.

This program matches a senior volunteer to serve as a one-to-one adult mentor. A senior mentor is someone who serves as a model, friend, coach, or guide. A senior mentor will take a personal interest in the growth and development of your son/daughter.

The senior mentor will be meeting with your child once a week during school hours. They may also have contact with your child by phone or mail with your permission. You will be notified of all group meetings.

We hope you will agree to have your child become a part of the program and will offer active support and encouragement to make this a successful experience for them.

Students selected for this program are identified for a variety of reasons. The one consistent factor is that we believe that your child has great potential and that a senior mentor could help them reach their full potential.

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

We appreciate your support of the Senior Mentoring Program.

Sincerely,

\_\_\_\_\_  
*Principal*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*TeamMates Facilitator*

\_\_\_\_\_  
*Date*

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**Senior Mentoring Program**

Student Legal Name: \_\_\_\_\_

Student Preferred Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student ID: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**On the following, please circle Yes or No:**

- |     |    |   |
|-----|----|---|
| YES | NO | I give permission for my son/daughter to join the Senior Mentoring Program. I understand my son/daughter will be signing a mentoring agreement. |
| YES | NO | I give permission to use my son/daughter grades, discipline and attendance records for general evaluation purposes.*                            |
| YES | NO | I give permission for my son/daughter to complete a Feedback Survey for general program evaluation purposes.*                                   |
| YES | NO | I give permission to share my son/daughter grades and attendance information with his/her mentor.   |

\* Confidentiality of student records is strictly maintained. The information is for evaluating program impact and only overall group is reported.

**In what ways do you think a Senior Mentor could provide support to your son/daughter? List any health, school or family situations you would like to communicate with the Senior Mentor.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return to the application to the principal at your child's school.**  
If you have questions please contact the principal