Dear Parents:

We are so pleased that your child has been selected to participate in the All-in Mentoring Program. All of us are looking forward to this experience and know that you are, also. Because this is a new experience for both your child and you, we want you to have some information that will help you to understand the guidelines.

Please thoroughly read all of the attached forms. We want all those involved to be aware of what is expected and what is not expected.

Please sign and return these pages to your child’s school:

1. Letter of Consent
2. Consent for Academic Record Access
3. Photo Release Permission Form

Thank you for your cooperation. This will be a great experience for your child!

_____________________________________________________ School Contact Person

_________________________________________ School ___________________________ Date
STUDENT REFERRAL FOR MENTORING INFORMATION

Your child has been selected to participate in the All-in Mentoring Program. This program was established to provide an extra, supportive person to a student who will be an additional adult who can work with a child to guide him/her on the road to academic and personal success.

The goal of the program is to instill pride and the belief that any person can succeed in any endeavor in life.

The MENTOR will spend at least one hour per week for the school year with your child in the school setting. The mentor will act as a friend, a listener, a role model, and motivator. The mentor is NOT a tutor to help with academics. It is important to remember that CONTACT OUTSIDE OF SCHOOL IS NOT REQUIRED OF THE MENTOR.

Mentors are instructed NOT to provide gifts or monetary support to their mentees. Please instruct your children about this. Mentors are volunteers who are giving their most valuable asset to your child…..their TIME.

If you choose, you may invite the mentor to be included in reviewing your child’s school progress during scheduled Parent-Teacher conferences. This is not required.

If you have any questions or concerns about the program at any time, please contact the school and talk with the School Contact Person, or your child’s teacher.

Please read, sign, and return the attached LETTER OF CONSENT if you want your child to participate in the Mentor Program. Without this consent your child will not be assigned to a mentor.

DO NOT return this form. Please keep it for your records.
PARENT / GUARDIAN / MENTOR EXPECTATIONS

The following are policies of the Mentor Program that you, as parent or guardian are asked to follow:

**** Please ask your child about the mentor/student activities. The purpose of this is to open up lives of communication between the parent and child.

**** Please inform your child’s teacher of any rules or restrictions regarding your child.

**** The mentor/mentee meetings will be conducted at school. This is the only requirement of mentors.

**** The mentor will spend at least one hour per week during the school year with their mentee. Mentors are to inform the mentee if there is a change in this procedure.

**** Please do not ask the mentor to include siblings or to take your child to events. If the mentor should ask for your permission to escort your child to an event, you need to know the MENTOR ASSUMES ALL LIABILITY IF HE/SHE MEETS WITH THEIR MENTEE ANY OTHER PLACE THAN AT THE SCHOOL.

**** The mentor is NOT to indulge their mentee with gifts, candy, or other treats. The most important gift that the mentor can give is his/her TIME. Please instruct your child not to ask for gifts. (If the mentor DOES choose to give a gift from time-to-time, it should NOT be expected, and please remind your child to express their thanks.)

**** The purpose of the mentor program is to provide your child the opportunity to develop a supportive relationship with an adult who is also a friend.

**** If you have questions or concerns about the program, contact your child’s School Contact Person.

(Do NOT return this form. Keep it for your records.)
My child, ________________________________________________, has my permission to participate in the All-in Mentoring Program. I have read the policies and expectations and agree to follow them. I give my permission for the school to share progress reports and/or subject grades with the All-in Mentoring Program. This information will be used to track the progress of students, but individual data will remain confidential with the Program and will not be disseminated.

If I choose, I may remove my child from participation in this program at any time and will inform the school if that happens.

________________________________________________________________________________________________________

(Signature of parent or guardian)

(Date)

PLEASE RETURN FORM TO: Student’s School Counselor
CONSENT FOR ACADEMIC RECORD ACCESS

STUDENT’S NAME: ___________________________________________

ADDRESS: __________________________________________________

________________________________________________________________

PHONE: ______________________________________________________

SCHOOL CHILD ATTENDS: ______________________________________

GRADE: ___________________

I GRANT THE All-in MENTORING PROGRAM ACCESS TO MY CHILD’S ACADEMIC RECORDS. THE MENTOR OF ____________________________________________

(Child’s Name)

IS PERMITTED TO SERVE AS LIAISON CONCERNING HIS/HER ACADEMIC PROGRESS AND BEHAVIORAL ACTIVITIES. ALL ACADEMIC RECORDS WILL BE KEPT IN CONFIDENTIAL FILES AND DESTROYED UPON TERMINATION OF THE MENTORING PARTNERSHIP. THE RECORDS WILL NOT BE SHARED WITH ANY OTHER PERSON OR AGENCY.

__________________________________________ _______________________
(Parent’s Signature) (Date)

PLEASE RETURN FORM TO: Student’s School Counselor
PHOTO RELEASE PERMISSION FORM

I, _____________________________________, give my permission to the (Please Print-Parent’s Name)
All-in Mentoring Program to use photographs of ____________ (Please Print-Child’s Name) ________________ for promotional purposes of that program. I understand that this includes newspaper, newsletter, web site and magazine publications, and any projects related to the program.

____________________________________________________________________
(Parent Signature)

_____________________________________________________________________________________________
(Date)

PLEASE RETURN FORM TO: Student’s School Counselor