

NISD Mentor Program Parental Permission Form

	SCHOOL
I hereby grant permission for my daughter/son to participate in the School Mentor Program. I understand and acknowledge that this program is voluntary, and there is no requirement that my daughter/son participates in this program. Further, I understand that the individuals who serve mentors in this program are volunteers and are not employed by Northside Independent School District. As a general rule, all meetings between the student and the mentor will occur at the school during regular hours. If any other contacts are planned, the school/mentor will obtain advance, written parental permission. Finally, I understand that I may withdraw my permission at any time by written notification to the principal, and that my daughter/son will thereafter be withdrawn from the mentor program.	
If you would like your child to participate in the mentoring program, please check YES . If you do not want your child to participate in the mentoring program, please check NO .	
YES NO	
If you check YES , please complete the form below and return it to you figure the form to your child's teacher.	our child's teacher by the end of this week.
Sincerely,	
Mentor Coordinator/Principal	
SCHOOL	
MENTORING PROGRAM	
Student's Name Age	
Student's Adress Grade	2
City, State, Zip Teach	her
Student's Home Phone World	k Phone
Parent's Name(s)	
I, the undersigned parent or legal guardian of the above student, do he participate in the	mentoring program during the school year of

Parent/Guardian Signature_____ Date ____