



# Creative Mentoring®

## Parent Permission Form 2017/2018

**Parents: Please complete this form, sign below and return to your child's school. Your child has been selected to participate in the Creative Mentoring® Program.**

**Student's Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Gender:** Female \_\_\_\_\_ Male \_\_\_\_\_ **Student has a 504 plan?** \_\_\_\_\_ **Student has an IEP?** \_\_\_\_\_

**Student's Race (Circle one):** Asian African American Hispanic Native American Caucasian Other

**Is this student considered an "English Learner" or English as a Second Language (ESL) student?** \_\_\_\_\_

**Please indicate which of the following are the areas that you feel a mentor could help your child**

Self esteem/ Self confidence     Overcome shyness     Overcome aggressiveness  
 Ability to get along with others     Sense of trust     Ability to pay attention  
 School Performance     Develop gifts and talents     Classroom behavior  
Other \_\_\_\_\_

**Please describe your child's home situation. Please check all that apply.**

Lives with two parents     Lives with another family member acting as guardian  
 Lives with Mother or Father only     Has \_\_\_\_\_ siblings  
 Has a parent who is incarcerated     Is in the foster care system  
 Eligible for free or reduced lunch     Has a parent serving in the military  
Other/Comments \_\_\_\_\_

**Has your child been enrolled in a mentoring program in the past, or is your child currently enrolled in a mentoring program? If so, which program and when?**

**What are your child's interests and/or talents?**

**What are five words that you would use to describe your child?**

**Please share any other information (including medical) you feel would be helpful to your child's mentor.**

**Your signature below acknowledges that:**

- You give permission for your child to be assigned a Creative Mentor.
- You are aware that high school students may be used as mentors.
- You authorize the school to provide information about your child and his/her schoolwork that may be relevant to participation in the program, including grades, attendance and behavior information.
- Students, parents and teachers are asked to participate in surveys throughout the school year.
- You agree to allow Connecting Generations to use your child's photo, voice, likeness or image and first name for research, educational or promotional purposes.
- You are giving your permission for your child to visit with his/her mentor only in school or during school sponsored activities. Social media contact is prohibited.

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

**Please Print: Name** \_\_\_\_\_

**Email:** \_\_\_\_\_

I would like to receive emails updates about Connecting Generations

\*Please feel free to attach an additional sheet if necessary. Mentor may receive a copy of this form.

**Fax a copy to Connecting Generations at 302-656-2123**