



Creative Mentoring®

Parent Permission Form

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Self esteem/ Self confidence | <input type="checkbox"/> Overcome shyness | <input type="checkbox"/> Overcome aggressiveness |
| <input type="checkbox"/> Ability to get along with others | <input type="checkbox"/> Sense of trust | <input type="checkbox"/> Ability to pay attention |
| <input type="checkbox"/> School Performance | <input type="checkbox"/> Develop gifts and talents | <input type="checkbox"/> Classroom behavior |
| Other _____ | | |

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

- | | |
|---|--|
| <input type="checkbox"/> Lives with two parents | <input type="checkbox"/> Lives with another family member acting as guardian |
| <input type="checkbox"/> Lives with Mother or Father only | <input type="checkbox"/> Has _____ siblings |
| <input type="checkbox"/> Has a parent who is incarcerated | <input type="checkbox"/> Is in the foster care system |
| <input type="checkbox"/> Eligible for free or reduced lunch | <input type="checkbox"/> 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 address is required: _____

I would like to receive surveys and 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