



MENTORING  
MATTERS

## **PARENT PERMISSION FORM FOR MENTORING PROGRAM**

CHILD'S NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CHILD'S INTERESTS/HOBBIES:

\_\_\_\_\_

Yes, I would like my child, \_\_\_\_\_,  
to participate in the mentoring program.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN:

\_\_\_\_\_  
DATE

\_\_\_\_\_ Yes, you may release the phone number, email, and address to the mentor.

If you have any questions, please contact your school's mentor liaison or the South Bend Education Foundation's Mentor Coordinator at (574) 283-8072 or [mentor@sbcsc.k12.in.us](mailto:mentor@sbcsc.k12.in.us)

*Please return completed permission slip to your school mentor liaison.*