

**MENTOR RUSD**

**Parent/Guardian Permission Letter**

Dear Parent/Guardian,

Your child has been chosen to participate in Mentor R.U.S.D. a mentoring program offered through his/her school. In the program your child will be matched with an adult volunteer mentor from Racine who will meet with your student at the school for one hour a week during the academic year. With the permission of the parent/guardian, some meetings may take place outside of the school environment. The mentor will help your student with academic issues specified by the classroom teacher. Further, the mentor will provide a source of friendship and encouragement; in other words, another positive role model in your child’s life. The activities between your child and the mentor will be closely monitored by the Mentor Coordinator. We believe that your child will greatly benefit from having another positive adult role model in his/her life, and we trust that the relationship will lead to improved academic performance, improved self-esteem, and better emotional development for your student.

Mentor R.U.S.D., now in our third year, provides mentors who volunteer in our program. All mentors have been thoroughly screened and investigated through the WINGS system through Racine Unified School System. We respect your role as parent/guardian, and we will provide every opportunity for you to meet with the mentor and be involved in the development of their relationship. We believe that communication between the mentor and the home is critical to the success of mentoring.

As your child participates in the mentoring program, your student’s teachers will monitor academic performance. All information gathered about the effect of the relationship on your child’s school performance is strictly for the purposes of evaluating the program and will be kept confidential. Mentors will have access to student report cards as an aid to structuring an effective mentoring relationship.

We believe that these caring adult mentors will make an excellent contribution to the quality of education in our school. If you would like your child to participate in mentoring program, and he/she is comfortable with the idea of having a mentor, please sign the permission slip on the back of this letter and return it to the school office. The Mentor Coordinator will contact you about establishing a relationship with a mentor.

Thank you for your time. If you have any questions, please contact the Mentor Coordinator or building principal.

Sincerely,

Curtis Woods

Program Director/Mentor Coordinator

Mentor RUSD

262 664 6994

Curtis.Woods@rusd.org

MENTOR RUSD Permission Slip

Please print.

I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the mentoring program at his/her school. I understand the nature and rules of MENTOR RUSD and reserve the right to withdraw my child from the program at any time. I give permission for my child’s school records to be released to the Program Director/Mentor Coordinator and mentor in order to best support my child’s growth and achievement.

\_\_\_\_ (please check) I also give permission for my child to be photographed with the mentor for publications to promote the cause of mentoring in Racine Unified School District.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name printed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_