***Mentee***

***Salem High School***

***Parental Permission***

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Dear Parents/Guardian:

Your child is invited to participate in the Rockdale County Public Schools Mentoring Program for the 2019-2020 school year. Mentors are volunteers from both the school and community who have a desire to spend time with young people and to serve as a positive role model for them. Peer mentors, SHS students, may be mentors to younger high school students, also. Both adult mentors and student mentors may be available to your student(s) to serve as role models, provide friendship and encouragement, and lead your mentee to accomplish goals that they desire.

What does a mentor do? They might read to a student, play a game, help with an assignment, do an activity, or just LISTEN. Mentors meet with their students at least once a week for approximately 30-45 minutes. Mentors fill out an application and complete a criminal background check. They also receive training before becoming a mentor. It is a very rewarding experience for both the mentee and the mentor!

You are receiving the invitation because your student has shown interest through a confidential survey during the 9th grade Counselor Core Curriculum delivery to 9th grade classrooms. If you give permission for your child to participate in the RCPS/SHS Mentoring Program for this school year, please complete both sides of the form and sign at the bottom of the page. Then, please, ask your student to bring to the SHS Counseling Department on the first floor. There are no fees for this program.

We hope that your child will be able to participate in the program this year, as we believe it will be both meaningful and fun. If you have any questions or concerns, please feel free to call me at 770-929-0176,

**EXT. 34119**.Please return this form to the Salem HS Counseling Department*. Dr. Cooper*

**PERMISSION**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please check one response:*

\_\_\_\_\_ Yes, my child may participate in the mentoring program for the 2019-2020 school year.

\_\_\_\_\_ No, I do not want my child to participate in the mentoring program during the 2019-2020 school year.

\_\_\_\_\_ No, I do not want my child to have a student Peer Mentor. \_\_\_\_\_\_ My student may have a student

or adult mentor.

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Parent/Guardian Signature ­­­­­Date

Parent/Guardian (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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