

Bridges to Success: Mentoring for Transitional Years
Saint Paul Public Schools

Parent/Guardian Consent Form

I, _____, hereby give my consent and permission for
_____ to participate in the Bridges to Success

Mentoring Program at _____. I understand that all mentoring activities will take place on the school grounds or through school sponsored activities during the school year. I understand that options to continue this relationship outside of school will be discussed with my child and I, along with the Mentoring Program Match Coordinator.

I also give my consent and permission to _____ to release information from my child's school records to the Mentoring Program Match Coordinator for the purpose of finding an appropriate volunteer. I understand that information about my child and his/her school-related needs will be shared with the Mentor as well. This information will be treated as confidential.

I understand that the Bridges to Success Mentoring Program has the right to use all audiotapes, slides, photographs, film, video or any other pictorial representations of my child/children and volunteers as deemed appropriate by the agency. The Bridges to Success Mentoring Program has the right to exhibit, sell, or transfer to any person or organization which the agency deems appropriate any such slides, photographs, films, video or audio tapes.

I am aware that I can contact the Bridges to Success Mentoring Program at any time to discuss the mentoring relationship between my child and the volunteer.

Signature of Parent/Guardian

Date

Street Address

City

Zip Code

Phone Number

Child's Birth Date