

Lunchtime Mentor Program

September 12, 2016

Dear Parent or Guardian:

We are very pleased to inform you that your child has the opportunity to take part in Cal Young Middle School's Lunchtime Mentor Program this year. Through the program, volunteer mentors who are trained and pass a criminal background check meet with students weekly at school to have lunch, talk, play games, and share hobbies. Mentor meetings occur during the student's lunch period on Friday in a supervised group setting. Your child will not miss class time while participating in the mentor program. Studies have shown that students who are mentored in middle school have fewer school absences (especially on mentor day), have increased self-esteem, and may even improve academically. We believe having a positive role model will be a valuable experience for your child as it has been for many other youths over the years.

Your child has expressed an interest in participating in the Lunchtime Mentor Program and we hope you agree to allow him/her to be a part of this experience. **Please complete the attached permission form** and turn it in as soon as possible to Mr. Salmond.

Please contact me if you have any questions or concerns. Thank you for your support.

Sincerely,

Mr. Salmond
School Counselor
541-790-6403

Lunchtime Mentor Program

PARENT PERMISSION FORM 2016-2017

Student's Name: _____ Grade: _____

Please circle **Yes** or **No** for each item below and sign and date the form where indicated.

Yes /No I give consent for my child to participate in the **Lunchtime Mentor Program** at his/her school in the Eugene School District. In consideration of the advantages of participation in the Mentor Program, the undersigned agrees that the Eugene School District, its agents, and its employees shall be released and exempt from any liability for damages for bodily injuries or property damages that may occur as a result of participation in the Mentor Program, except to the extent of insurance liability as provided by law.

Yes /No I give permission for my child's mentor to contact me and/or my child by phone and/or through the mail. If Yes:

Phone #: _____

Address: _____

Email Address: _____

Parent Signature

Date

Please print your name here

Your relationship to child

Thank you for your support of our Lunchtime Mentor Program. This permission form is valid until we receive written notification stating otherwise. Please have your child return this form to Mr. Salmond as soon as possible.