

# DIRECTIONS FOR PARENTS TO CONSENT TO MENTORING PRGRAMS

22-23 Mentoring Parental Consent  
(You are taking the survey on behalf of Alaina Crosslin.)



Dear Parent/Guardian: Your child may be selected to participate in a DCSD Face to Face or Virtual Mentoring Program offered through his/her school. The program is strictly school-based and must take place at the school during regular school hours. Therefore, no contact should take place outside of school. In the program, your child will be matched with an adult or near peer volunteer mentor who will meet him/her at the school. The mentor will act as a role model and source of friendship and encouragement. The activities between your child and the mentor will be closely monitored and structured by the local school. As your child goes through the program, his/her 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. The school feels that all children will greatly benefit from having positive adult role models in his/her life and being chosen to participate in the mentoring program will lead to increased academic performance, self-esteem, and emotional development for your child. The caring adult volunteers will be making an excellent contribution to the quality of education in our schools. The mentors for our program are required to complete fingerprinting and have a background check. We respect your role as a parent/guardian and will provide an opportunity for you to meet the mentor and be involved in the development of their relationship. If you would like your child to participate in the program, talk about it with him/her. If he/she is comfortable with the idea of having a mentor, please grant your permission by signing below. One of our Program Managers will soon be in contact with you about your child's new mentor. MEDIA RELEASE Any photographs or video productions taken of my child by a DeKalb County School District or partnering agency may be used by DeKalb County School District or the agency for purposes of promotional material including brochures, posters, newsletters, media information, advertisements, audiovisual productions, and web pages, such as agency website and social media, and grant proposals/reports. Photographs or video productions may also be shared with community and school partners for program promotion. Please answer the following questions to help us determine your student's eligibility to participate in a DCSD mentoring program:

\* 1. Parent/Guardian Consent:

- Yes, I give permission for my child to participate in a DCSD mentoring program.
- No, I do not give permission for my child to participate in a DCSD mentoring program.

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\* 2. I consent for my student to participate in the following programs (You may select more than one):

- MBK (My Brother's Keeper)
- MSK (My Sister's Keeper)
- SSA Virtual Only (Student Success Agency - 13 Years and older)
- Local School Program

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\* 3. Parent/Guardian Acknowledgement and Agreement (check all boxes)

- Select All
- I understand the nature and rules of the school's mentoring efforts.
- I understand that all DCSD face to face mentoring programs are school-based and must take place at the school during regular school hours. Therefore, no contact should take place outside of school.
- I reserve the right to withdraw my child from the program at any time. If I choose to withdraw my child from the program, I will notify the school in writing to have my student removed.
- If my student participates in the SSA Virtual Mentoring or Virtual Mentoring, I grant permission for my student to participate and connect with their agent over text message, phone, e-mail, and video chat.
- If my student participates in the SSA Virtual Mentoring, I grant permission for my student's phone number to be exchanged with their agent to set up sessions and receive immediate assistance.
- If my student participates in the SSA Virtual Mentoring, I grant permission for my student's phone call exchanges with their agent to be monitored and/or recorded for the purposes outlined above.
- I grant permission for photos and videos to be taken of my student and published on DCSD & Student Success Agency's website, literature, and social media outlets in accordance with SSA's Terms of Service.

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\* 4. Parent/Guardian Name

DCSD PARENT

\* 5. Relationship to the student

MOTHER

\* 6. Parent/Guardian Email

MOTHER@GMAIL.COM

\* 7. Parent/Guardian Phone

770-111-1234

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