DIRECTIONS FOR PARENTS TO CONSENT TO MENTORING PROGRAMS
22-23 Mentoring Parental Consent
(You are taking the survey on behalf of Alaina Crosslin)

1. Parent/Guardian Consent:
   - Yes, I give permission for my child to participate in a DCSO mentoring program.
   - No, I do not give permission for my child to participate in a DCSO mentoring program.

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

3. Parent/Guardian Acknowledgement and Agreement (check all boxes)
   - I understand the nature and rules of the school’s mentoring efforts.
   - I understand that all DCSO face to face mentoring programs are school-based and must take place at the school during regular school hours.
   - 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.
   - I understand that if my student participates in the SSA Virtual Mentoring program, I grant permission for my student to participate and connect with their agent over text message, phone, e-mail, and video chat.
   - I understand that if my student participates in the SSA Virtual Mentoring program, I grant permission for my student’s phone number to be exchanged with their agent to set up sessions and receive immediate assistance.
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4. Parent/Guardian Name
   - [Manual Entry]

5. Relationship to the student
   - [Manual Entry]

6. Parent/Guardian Email
   - [Manual Entry]

7. Parent/Guardian Phone
   - [Manual Entry]

Submit Survey