



Partnership *for a*
Drug Free
DeKalb County



Dear Parent,

_____ has been chosen to participate in the Mentor DeKalb Program offered through their school. In the program, your child will be matched with an adult or student mentor volunteer who will meet them at the school grounds. The volunteer will act as a tutor in subjects specified by your child's teacher, as well as an adult role model and source of friendship and encouragement. The activities between your child and the mentor will be closely monitored and structured by the School Contact Person in charge of the relationship. The school feels that your child will greatly benefit from having another positive adult role model in their lives and hopes that the relationship will lead to an increase in academic performance, self-esteem, and emotional development.

The mentors that have volunteered for your program have been thoroughly screened and investigated by the school. We respect your role as a parent and will provide every opportunity for you to meet the mentor and be involved in the development of their relationship.

As your child goes through the program, their 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.

We feel that these caring adult and student mentor volunteers will be making an excellent contribution to the quality of education in our school. If you would like for you child to participate in the program, talk about with them. If they are comfortable with the idea of having a mentor, please grant your permission by signing below. The School Contact Person will soon be in contact with you about your child's new mentor.

Thank you for your time. We hope this program will be of great benefit to everyone involved.

Sincerely,

School Contact Person _____ Principal _____

I give permission for my child, _____, to participate in the mentoring program at their school. I understand the nature and rules of the school's mentoring and reserve the right to withdraw from the program at any time.

Parents or Guardian Signature: _____