



# PARENT/GUARDIAN PERMISSION FORM

**TeamMates Mentoring Program  
Lincoln Public Schools**

The parent/guardian of: \_\_\_\_\_

Your son/daughter has been selected to participate in the TeamMates Mentoring Program.

This program matches a community volunteer to serve as a one-to-one adult TeamMate. An adult TeamMate is someone who serves as a model, friend, coach, or guide. An adult TeamMate will take a personal interest in the growth and development of your son/daughter.

The TeamMates mentor will be meeting with your child once a week during school hours. They may also have contact with your child by phone or mail. You will be notified of all group meetings.

We hope you will agree to have your student become a part of the program and will offer active support and encouragement to make this a successful experience for them.

Youth selected for this program are identified for a variety of reasons. The one consistent factor is that adults believe that your child has great potential and that this mentor could help them reach their full potential.

On the back of this letter please provide current information regarding your son/daughter. In our efforts to better serve students and assess program effectiveness, we request your permission to use your student's grades and attendance information. This information will be reported in a general way. It will only be reported in group form and will not identify individual students. By signing and returning this form you have authorized permission for your child to participate in this worthwhile program.

We appreciate your support of the TeamMates Mentoring Program.

Sincerely,

\_\_\_\_\_

*Principal*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*TeamMates Facilitator*

\_\_\_\_\_

*Date*



*TeamMates is a Ventures in Partnerships program.*

*VIP is a Cooperative initiative of Lincoln Public Schools, LPS Foundation, Lincoln Education Association and Lincoln business community.*

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**TeamMates Mentoring Program**

Student Legal Name: \_\_\_\_\_

Student Preferred Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student ID: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

YES

NO

I give permission for my son/daughter to join TeamMates. I understand my student will be signing a mentoring agreement.

YES

NO

I give permission for my student to be photographed, recorded on film, and/or taped while participating in TeamMates related activities. *(Optional)*

YES

NO

I give permission to use my student's grades, discipline and attendance records for general evaluation purposes.

YES

NO

I give permission to share my student's grades, discipline, attendance and other helpful information with his/her mentor.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please call your school or the TeamMates office at 436-1990.

In what ways do you think a TeamMates mentor could provide support to your son/daughter? List any health, school or family situations you would like to communicate to the adult mentor.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN THIS FORM TO YOUR SCHOOL'S TEAMMATES FACILITATOR**