



Communities in Schools – Bay Area
G.R.O.W. Mentoring
Give Reach Oppportunity Walk
Parent/Guardian Permission Letter

Dear Parent/Guardian,

Your child has been chosen to participate in GROW Mentoring offered by Communities In Schools – Bay Area at your child's school.

GROW Mentoring brings together caring, committed adults from across the community to serve as another support for our kids as they work to grow and succeed in school and life.

Who are these mentors?

- Caring, qualified members of local businesses, civil organizations, and the community at large
- Screened and trained by Communities In Schools – Bay Area

Mentoring is:

- A conversation
- Playing a game/sharing a hobby
- Reading together
- Tossing the football
- Building a trusting, supportive relationship

Studies have shown that mentoring, over time, helps young people do better in school, plan for their future and build self-esteem.

Mentoring is NOT:

- Tutoring
- Parenting
- Free/wasted time

When and where does mentoring take place?

- All mentoring will happen on school grounds during school hours
- Mentors will meet with their mentee ONE day per week for 30 minutes for the school year (we do not pull from core academic classes)

Whom do I contact with questions or concerns?

CIS – Bay Area Mentor Specialist

Elizabeth Peña
Community Partnerships Coordinator
CIS – Bay Area
281-691-3137 or elizabethp@cisba.org

Campus Mentor Facilitator

Name:
Phone:
Email:

Mentoring Permission

_____ I DO give permission for my child to participate in GROW Mentoring.

_____ I DO NOT give permission for my child to participate in GROW Mentoring.



Student Name (print): _____

Grade: _____ School Name (print): _____

Parent/Guardian Name (print): _____

Parent/Guardian (Signature): _____ Date: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Lunch Permission

_____ I DO give permission for my child's mentor to bring him/her lunch during the GROW Mentoring program.

_____ I DO NOT give permission for my child's mentor to bring him/her lunch during the GROW Mentoring program.

Are there food allergies? _____

Publicity Permission

CIS – Bay Area may use photos and/or video of your child with his/her mentor in some of our recruiting materials for GROW Mentoring. Please select one of these two options:

_____ I DO give permission for my child to be photographed and/or video recorded with his/her mentor for use in marketing/publicity to promote GROW Mentoring in CIS – Bay Area.

_____ I DO NOT give permission for my child to be photographed and/or video recorded with his/her mentor for use in marketing/publicity to promote GROW Mentoring in CIS – Bay Area.

NOTE: By participating in GROW Mentoring, the campus, upon request, may share with the assigned mentor your student's absence or presence on campus the day of mentoring.

Please place an X next to all activities/interests your child enjoys. We will use this information to match your child with his/her mentor.

___ Art

___ Playing video games/computers

___ Playing/listening to music

___ Animals/nature

___ Building/creating things

___ Performing arts (theater or dance)

___ Sports such as _____

___ Reading books such as _____

In the space below, tell us anything else about your child that will help us best match him/her with a mentor. (Feel free to use back.)
