

Waterbury Mentor Program
Parent Permission Letter
For more information, please call 573-6633

SCHOOL _____ TELEPHONE _____

NAME OF PRINCIPAL _____ DATE _____

Dear Parents:

The Waterbury Public Schools have a special relationship with a number of local organizations. This year, our school has been lucky enough to be assisted by volunteers from the Partners In Education program. These volunteers will act as Mentors (big brothers, big sisters, friends, buddies) to specially selected students.

Based on teacher and principal recommendation, your child _____, has been chosen to work with _____ for one hour per week **during the school day**. The hour chosen is the time the teachers feel that the child will most benefit from the interaction with another adult on a one-to-one basis. The activities may be those recommended by the teacher or support staff, matching the needs of the child with the skills of the Mentor.

Please note that our mentor program is school-based only. Our resources only allow for school-based meetings between student and mentor. Please do not ask the mentor to meet your child outside of school. **We cannot assume responsibility for any outside contact.**

In order to begin this program, we must have your permission. Please fill out the form below and return it to me immediately. Only then can we start your child in this very worthwhile experience. Please sign and return by _____ (date). Please keep one copy for your records.

Sincerely,

(signature of Principal)

I hereby give permission for my child, _____, to work with a Mentor from the Partners In Education Waterbury Mentor Program.

Date: _____ Parent's Signature _____

Parent's Address _____ Parent's name (printed) _____

Home Telephone _____ Daytime Telephone _____

Student's Room # _____ Student's Teacher _____

School _____