

LEON COUNTY SCHOOLS MENTORING PROGRAM



2024-2025 PARENTAL CONSENT FOR STUDENT TO PARTICIPATE IN LEON COUNTY SCHOOLS MENTORING PROGRAM

I _____ (Name of Parent/Guardian) give my consent for my child, _____ to participate in the Leon County Schools' Mentor Program, either through virtual mentoring or in-person mentoring. I understand that Leon County Schools sponsored Mentor Program occurs during the school day, and on school property. I understand that this school year, my child will be connecting to their mentor on a weekly basis. The start and end dates of the mentor sessions, and the week day, time of day will be determined by the mentor coordinator at your child's school.

I understand that participants in the mentoring programs (both students and mentors) are prohibited from sharing emails, phone numbers, or personal addresses. I also understand that students and mentors are prohibited from interacting with each other on any social media outlets (such as Facebook, Twitter, Instagram, Snapchat or similar platforms).

I understand that the mentoring sessions will take place under the guidance, parameters and direction of the school's mentor coordinator. Should any questions, issues, challenges and concerns arise during virtual mentoring, I and/or my child will refer such to the school's mentor coordinator or the principal for resolution immediately.

The role of the mentor is to focus on the social and emotional well-being and student personal and academic goals each week to keep their mentee engaged.

Please note: All Leon County Schools mentors must pass a state and national background check before being placed with a mentee.

I have read this document and I give consent for my child to participate in the Leon County Schools Mentoring Program.

Signature

Print Name of Parent/Guardian

Date

5782 – Parent/Guardian Notification and Permission (School-Sponsored Events and Activities)

2430.03 – Mentoring Program