

Nacogdoches High School Mentor Program

Dear Parents/Guardian:	
Your child's teacher has suggested thathaving a mentor.	(student's name) could benefit from
This mentor is a community member who had taken an positively impact lives. The mentors will:	interest in building relationships with students in order to
Meet with your child for one hour each week at the	school for at least one year.
 Work with the student during a time that does NOT interfere with academics. 	
Be a positive role model and encourager.	
We would like permission for your child to participate in this program and be assigned a mentor. Please complete, sign, and return the attached student information and permission sheet tomorrow as we would like to start the program as soon as possible. All information is kept strictly confidential. If you have any questions, please feel free to call the school. Thank you for helping us to provide the best education possible for your child.	
Sincerely,	
(principalorteacher)	
(Please cut along dotted line and return bottom portion to school.)	
Mentor Program Parent/Guardian Consent Form	
I give permission for my child,	
Parent/Guardian Name:	Date:
Parent/Guardian Name: (Print)	
Address:	
Email:	Child's Birthday:
Home Phone:	Cell Phone:
In order for us to better understand and mentor your concerns that apply to your child:	hild, please indicate below any particular needs or
O would benefit from help in this subject(s):	O is being treated for ADD/ADHD.
	O has an incarcerated parent.
O has been diagnosed with a learning disability	O has experienced a recent loss.
O struggles socially at school.	Please use the back of this sheet to share anything
O is allergic to	else you would like us to know about your child.