NISD Mentor Program
Parental Permission Form

_____ School

Further, I understand that the individuals who serve mentors in t
Northside Independent School District. As a general rule, all me
the school during regular hours. If any other contacts are planne
permission. Finally, I understand that I may withdraw my permi
and that my daughter/son will thereafter be withdrawn from the

If you would like your child to participate in the mentoring pro
participate in the mentoring program, please check **NO**.

YES ____ NO ____

If you check **YES**, please complete the form below and return
If you checked **NO**, please return the form to your child's teac

Sincerely,

Mentor Coordinator/Principal

SCHOOL _____

MENTORING PROGRAM

Student's Name _____ Age _____

Student's Adress _____ Grade _____

City, State, Zip _____ Teacher _____

Student's Home Phone _____ Work Phone _____

Parent's Name(s) _____