

Parent Permission Letter

New Dimensions High School
Mentor Program
4900 Old Pleasant Hill Road
Kissimmee, FL 34759

Dear Parent,

Your child has been chosen to participate in the NDHS Mentor Program offered through New Dimensions High School. In the program, your child will be matched with an adult volunteer mentor (or older student volunteer mentor, depending on your program) who will meet with him/her on the school grounds. The volunteer will act as an adult role model and source of friendship and encouragement, especially around academic goals and personal development. The activities between your child and the mentor will be closely monitored and structured by the Mentoring Program Team in charge of the relationship. The school feels that your child will greatly benefit from having another positive role model in his/her life and hopes that the relationship will lead to increased academic performance, self-esteem, and emotional development.

The mentors that have volunteered for our program have been thoroughly screened and investigated by the school. We respect your role as a parent and will provide every opportunity for you to meet with the mentor and be involved in the development of the relationship between the mentor and your child.

As your child goes through the program, his/her teachers will monitor academic performance. All information gathered about the effect of the relationship on your child's school performance is strictly for the purposes of evaluating the program and will be kept confidential.

We feel that these caring adult mentor volunteers will make an excellent contribution to the quality of education in our school. If you would like for your child to participate in the program, talk about it with him/her. If he/she is comfortable with the idea of having a mentor, please grant your permission by signing below. If you would like for one of our Mentor Program staff members to contact you to discuss the program, please call us at #407-870-9949.

Thank you for your time. We hope this program will be of great benefit to everyone involved.

Sincerely,

Dr. Grimm

I give permission for my child, _____, to participate in the mentoring program at his/her school. I understand the nature and rules of the school's mentoring efforts and reserve the right to withdraw from the program at any time.

(Parent/Guardian)

(Date)