LEXINGTON COUNTY
SCHOOL DISTRICT ONE

Dear Parent or Guardian,

It's that time of year again! We are in the process of launching our mentoring program for the [year] school year!

Research suggests that the supportive, healthy relationships formed between mentors and students are both immediate and long-term. The mentor/student bond can potentially benefit students in many ways; such as, encouraging healthy self-esteem & self-confidence, helping students develop positive attitudes toward school, and promoting stronger relationships with parents, teachers, & peers.

The mentor will also encourage students to grow academically and set goals by reviewing their Leadership Notebooks with them at least once a month. They will also work with them on developing Lexington One Power Skills (accountability, critical thinking, communication, interpersonal skills, integrity, perseverance, collaboration, and willingness to take risks).

All volunteers in Lexington County School District One go through an extensive screening process to ensure our students' safety. [School Name] carefully selects its mentors and is thoughtful in mentor/student pairs. The mentor, student, or parent/guardian all hold the right to end the mentorship arrangement at any time.

Your signature below indicates that you understand the contents of this letter and that you grant permission to allow your child to participate in [School Name]'s mentorship program. Please sign and return this form so that mentorship may begin. If you have any questions or concerns, please contact [School Contact Information]. Thank you!

Please note that this form does not guarantee your student a mentor. We do our best to pair students but often have a higher demand for mentors than we have volunteers.

Sincerely,

[School Contact Name]

By signing below, I (parent/guardian) give my child permission to participate in the [Mentor Program Name] at [School Name].

Student's name (please print): _____

_____ _____

Parent/Guardian Signature Date