



<Date>

<Counselor Name>

<Campus Name>

<Campus Address>

<Campus Phone>

Dear Parent of <insert student name>

I am pleased to make you aware of the Calhoun County Independent School District Volunteer Mentor/Tutor program – an effective addition to our campuses for over twenty years. The Mentor/Tutor program is a volunteer program for community members to interact with CCISD students, providing a listening ear, life guidance and/or academic coaching to encourage student’s success.

Your child has been selected to participate in our <specify either Mentor or Tutor> Program at <Campus Name>. The school feels that your child would benefit from having another positive adult role model in their life and hopes the relationship will lead to increased academic performance, self-esteem and emotional development. With your agreement and signature, I will move forward in matching a <specify either Mentor or Tutor> for your child.

All Mentors and Tutors will meet with their assigned students on school campus grounds. The activities between your child and their <mentor/tutor> will be closely monitored and structured by the campus Program Coordinators. Volunteers in our Mentor/Tutor program have been screened for criminal history by national and state agencies. Volunteers are instructed to keep any personal discussions between themselves and their student confidential unless the student is at risk of harm. We respect your role as a parent/guardian and will provide every opportunity to ask questions or discuss your student’s participation with your campus Program Coordinator.

If you would like your child to participate in the <Mentor/Tutor> Program, please talk about it with them and if they are comfortable with participating, please grant your permission by signing the next page.

Please feel free to contact me any time.

<Insert name/signature>

Parent/Student Participation Agreement

CCISD Mentor/Tutor Program

I give permission for my child, _____ ,
to participate in the Mentor/Tutor program at his/her school. I understand the nature and rules
of the school's mentoring efforts and reserve the right to withdraw my child from the program
at any time. I give permission for my child's school records to be released to the Program
Coordinator and mentor in order to best support my child's achievement.

Parent/Guardian Signature

Date