**[add school logo or letterhead]**

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Parent/Guardian:

The Seedling Mentor Program works with many schools in central Texas to match caring and well-trained adult volunteers with children who have a parent or parent figure who is incarcerated in a federal, state, or local correctional institution. The community volunteer who is trained to serve as a mentor will take the role of a friend, a coach, or a guide -- listening, being a consistent companion, and supporting the child. The mentor will meet with the child once a week at school during the school year in accordance with the agreement of the volunteer, the student’s guardian, and the student. If the child transfers to a new school, sometimes the mentor will follow, too.

To participate in this mentor program, students must have been told by their families that their loved one is incarcerated. Seedling mentors will be trained and willing to listen should the child want to talk about their feelings about the incarcerated loved one. All communication between mentors and the children they mentor will be treated as confidential.

With your signature, you grant these permissions:

* your child may meet face to face with her/his mentor weekly at school for at least one school year;
* the school may discuss information concerning your student with Seedling staff and, when appropriate, with the student’s mentor;
* Seedling may submit your student's ID number to your school district or any person at school (including Communities-In-Schools-CIS) for assistance in connecting your student to a current or future mentor and to track students' participation and evaluation of our programs;
* the school or district may release your student’s data to Seedling, as needed, for evaluation purposes i.e., student ID number, gender, race/ethnicity, indicator for limited English proficiency and/or special education, free/reduced priced lunch status, attendance, discipline, TAKS/STAAR test scores, class grades, school where enrolled, reason for withdrawing from school, graduation date and type, enrollment after high school). *Your decision to allow or not allow access to this information will not affect eligibility for or participation in Child Nutrition Programs*;
* your child may be photographed or videotaped and those pictures may be used by Seedling for public relations or recruitment purposes;
* If my child leaves the ISD, I give Austin Independent School District my permission to share with Seedling Foundation the name and location of the school where my child has moved, whether in or out of the school district, so that mentoring can continue if my child's mentor is able to mentor my child at his or her new school. If AISD is unable to obtain that information, I give Texas Education Agency permission to share with Seedling Foundation the name of the new school and district where my child is enrolled.
* If your child transfers, all above permissions are granted to the new school or school district.

Further, by signing below, you agree to hold harmless, release and fully discharge Seedling, its officers, Board, volunteers, and employees as well as the participating Independent School District, its agents, Boards of Directors, officers, volunteers, or employees from any and all liability, claims, causes of action, cost and expenses which may arise from or in any way relate to your student’s participation in mentoring.

Our school works closely with Seedling to deliver a high quality experience for your student. You are welcome and encouraged to meet your student’s mentor at any time. The Seedling Mentor Program is a school-based model. Contact outside of school between your student and his/her mentor is not allowed in the Seedling Mentor Program. Please be advised that the Program prohibits such contact and is not in any way responsible for nor does it vouch for or sanction such engagement.

If you have any questions or concerns, please call me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

School Contact

***Please keep this page at home for your record***



**Student Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_\_\_\_

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_ Ethnicity: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If ID# is unknown, I give permission to the District to release my student’s ID to Seedling. \_\_\_\_\_\_ (initial) Free/Reduced Lunch? Yes □ No □

**.**

***2019-2020***

**Parent/Caregiver Information:**

Full name of person completing application *(please print)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child (*circle one):* Parent, Legal Guardian, Caregiver, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Information:**

Does the child have a parent in a state, federal, or local prison?

\_\_\_\_Yes \_\_\_\_ No \_\_\_\_Is the parent male or female? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child already have a mentor (one-to-one mentoring relationship through another program or organization)?

\_\_\_\_Yes\_\_\_\_ No If so, what is the name of that organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With my signature, I am saying

* I agree that my child may participate in the Seedling Mentor Program and will meet face to face with her/his mentor weekly at school for at least 1 school year;
* My child is aware that s/he has an incarcerated parent or is otherwise eligible for this program;
* Seedling and the school staff can share information about my child and, if needed, with the mentor;
* Seedling may give my student's ID number to the school district or any person at school, including Communities-

In-Schools (CIS), for help in connecting my student to a current or future mentor and to track student’s participation and evaluation of Seedling programs;

* The school or the district may release my student’s data to Seedling for program evaluation purposes i.e., student ID number, gender, race/ethnicity, indicator for limited English proficiency and/or special education, free/reduced priced lunch status, attendance, discipline, TAKS/STAAR test scores, class grades, school where enrolled, reason for withdrawing from school, graduation date and type, enrollment after high school). *My* *decision to allow or not allow access to this information will not affect eligibility for or participation in Child Nutrition Programs*;
* My child can be photographed or videotaped for pictures for Seedling to use to talk about their program for publicity or recruiting new mentors; **⃞ I agree ⃞ I decline**
* If my child leaves the ISD, I give Austin Independent School District my permission to share with Seedling Foundation the name and location of the school where my child has moved, whether in or out of the school district, so that mentoring can continue if my child's mentor is able to mentor my child at his or her new school. If AISD is unable to obtain that information, I give Texas Education Agency permission to share with Seedling Foundation the name of the new school and district where my child is enrolled.
* If my child transfers, all above permissions are granted to the new school or school district.  
    
  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name Signature Date