Note: Although this sample parent/guardian permission letter is for a school-based program, it can and should be tailored to fit your specific mentoring program audience (i.e., faith- or community-based).

Dear Parent/Guardian:

Your child has been chosen to participate in the [name of program] offered through his/her school. In the program, your child will be matched with an adult volunteer mentor who will meet him/her at the school. The volunteer will act as an adult role model and source of friendship and encouragement. The activities between your child and the mentor will be closely monitored and structured by the Program Manager in charge of the relationship. The school feels that all children greatly benefit from having positive adult role models in his/her life. We hope that being chosen to participate in the mentoring program will lead to increased academic performance, self-esteem, and emotional development for your child.

The mentors that have volunteered for our program have been thoroughly screened and investigated by [name of screening company]. We respect your role as a parent/guardian and will provide an opportunity for you to meet with the mentor and be involved in the development of their relationship.

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 volunteers will be making an excellent contribution to the quality of education in our school. If you would like 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. One of our Program Managers will soon be in contact with you about your child’s new mentor.

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

Sincerely,

______________________________
School Principal

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 my child from the program at any time. I give permission for my child’s school records to be released to the mentoring Program Coordinator and mentor in order to best support my child’s achievement.

______________________________  ______________________________
Parent/Guardian Signature       Date

Courtesy of The Maryland Mentoring Partnership, Vision to Reality Mentoring Program Development Guide.