**School Permission Form (Sample)**

To whom it may concern,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is interested in participating in **<mentor’s school/community group’s>** Teen Mentoring Program. Teen mentoring involves youth providing support, advice, friendship and role modeling to younger youth. If accepted, they will mentor a student mentee(s) in grade(s) **<mentee grade(s)>** at **<mentee’s school name>**. Youth are trained and supported to mentor and serve as positive role models to mentees in a structured environment under the supervision and guidance of school staff. Students are required to make a commitment to their mentee(s) and the program for **<program timeline>**.

Mentoring activities will take place on **<day(s)and time>** for **<duration of program>.** **<Provide any details about any class time the student may miss, responsibilities for getting to and from the location of the mentoring program, and any credits the student will earn.>**

Teen mentoring has the potential to have a powerful impact on students and supports a positive, safe and inclusive school culture. Mentoring provides opportunities for learning new skills, increasing leadership potential, and encouraging healthy engagement in school activities. Mentoring relationships provide a stronger connection to the school and create a system of support and belonging for students. Teen mentoring helps youth develop into active listeners and caring individuals. The goals of **<school/ community group’s>** Teen Mentoring Program are **<goals, purpose>**.

If you have any questions about the teen mentoring program, please contact **<staff name(s)>** at **<contact e-mail and phone number>**.

Sincerely,

 **<Name, Title>**

*Please complete and return to school.*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (name and position) (student name)

to participate in the Teen Mentoring Program at **<school /community agency>**.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Signature