

Parent Information

Parent/Guardian's Name #1: _____

Relationship to Child: _____

Address: _____ City: _____ State: ____ Zip: _____

E-Mail Address: _____

Place of Employment: _____ Work #: _____

Contact Number(s): HM: _____ Cell/Alt: _____

Preferred Method of Contact: Work Ph. Home Ph. Cell/Alt Ph. E-Mail

Parent/Guardian's Name #2: _____

Relationship to Child: _____

Address: _____ City: _____ State: ____ Zip: _____

E-Mail Address: _____

Place of Employment: _____ Work #: _____

Contact Number(s): HM: _____ Cell/Alt: _____

Preferred Method of Contact: Work Ph. Home Ph. Cell/Alt Ph. E-Mail

Sibling Name(s):	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For grant writing purposes, please fill out the following (optional):

Family Structure:

- Single-parent Family Two-Parent Family Foster Care Guardian
 Kinship Care (Aunt, Uncle, etc.) Other: _____

Family Household Income:

- <\$10,000 \$10,000-\$24,999 \$25,000-\$49,999 \$50,000-\$74,999
 \$75,000-\$99,999 \$100,000-\$149,000 \$150,000+

I give permission for **Three Rivers Area Mentoring** to release information contained in the Student Profile for use associated with grant administration.

- IF YOUR CHILD IS MATCHED WITH A HIGH SCHOOL MENTOR:** I give permission as parent/guardian, for my child's mentor to attend school events that occur outside of regular school hours. (I.e. Christmas plays, sporting events, etc.) The high school match is not to meet and hang out at this time, but the mentor can attend the event, as long as the parent/guardian is also present. Parent/guardian takes complete responsibility for youth/mentee, not TRAM, during these events. Mentor/parent agrees to contact TRAM when the mentor takes part in any such activity.

Parent Signature

Date

School Information Release

A big part of our program is supporting your child in their educational journey. In order to do this we need access to their grades and the ability to talk openly with their teachers and other school staff. Any information received will be kept confidential and will only be used to help your child.

I, _____, the parent or guardian of _____, grant Three Rivers Area Mentoring permission to receive information (including but not limited to grades, progress, and behavior reports) from Three Rivers Community Schools and their employees.

Signature

Date