



Dear Parent/Guardian,

Your child, _____, has the opportunity to participate in a special mentoring program - *Project Mentor*. Research shows that the more positive relationships students have with adults, the more successful they are in all aspects of their lives. Providing students positive role models is *Project Mentor's* goal.

Should you accept the invitation for your child to be a part of this exciting program, your child will be matched with a community volunteer. The volunteer mentors have committed to meeting with your child weekly for the purpose of helping and encouraging your child academically and providing guidance and support to your child both socially and emotionally. Mentors meet with students once a week during lunch for the duration of the school year. This way students do not miss any class time in order to meet with their mentor.

Like all volunteers in the Lago Vista Independent School District, the mentors in *Project Mentor* have completed a LVISD criminal history background check. All volunteers have also gone through training before meeting with your child. If you would like for your child to participate in *Project Mentor*, please complete the information below and return it to your child's teacher or campus counselor as soon as possible. Once we have your permission, we will begin the process of matching your child to an appropriate mentor. If you have any questions about the *Project Mentor* program, please feel free to contact me.

Sincerely,

Dawn White
Project Mentor Director
pmdirector@northlakehopecenter.com

STUDENT'S NAME: _____

STUDENT'S GRADE: _____

Please initial all that apply: _____ I give my child permission to participate in the Project Mentor program.

_____ Give my student's mentor my contact information (telephone number/email).

Printed Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Phone

Parent/Guardian Email