



Dear Parent/Guardian:

Your child has the opportunity to participate in the Leander ISD **HEROES** Mentoring Program. This program matches volunteers from the community with students to form a mentor-mentee relationship. A **HEROES** mentor is another supporting adult who takes an active interest in the life of a student.

The volunteer (mentor) will be meeting with your daughter/son (mentee) each week or every other week for 30 minutes. All meetings will be held on campus during the school day. Activities that take place outside of school are strictly at the discretion of the parent. The school and its employees will take no responsibility for these activities.

I hope that you agree to have your child be a part of Leander ISD's **HEROES** Mentoring Program, and that you will offer support and encouragement to make this a successful experience. Please complete the bottom portion of this form and return to the **HEROES** Mentor Campus Coordinator.

Sincerely,

Campus Mentor Coordinator

I give my permission for my son/daughter to participate in the Leander ISD **HEROES** Mentoring Program. I understand that all meetings will take place during school hours on school grounds. I also understand that any contact outside of school between my child and his/her mentor is strictly my choice and the school and its employee are *not* held responsible for these activities.

Date

Parent name (please print)

Parent signature

Child's name

School and Grade

This permission form is valid until written notification stating otherwise.