



STUDENT APPLICATION & PERMISSION FORM

(Please fill out completely using blue or black ink. All information will be held confidential.)

School/ Program _____ Grade _____
Teacher/ Counselor _____ Date Completed _____

STUDENT INFORMATION:

Name: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Birth Date: _____ Gender: M F

Eligible for free/reduced price lunch at school? Yes No

* Ethnic Origin:

- African American
- Asian
- Caucasian
- Hispanic
- Multi-Racial
- Native American
- Somali
- Other _____

PARENT/GUARDIAN INFORMATION:

Parent(s) or Guardian Name: _____ Relationship to Child: _____

Place of Employment: _____ Email Address: _____

Work Phone: (____) _____ Can you be reached at work? Yes No

Cell Phone/Pager: (____) _____ Best time and number to reach you: _____

Is either parent incarcerated in a State or Federal prison? Yes No Name of Institution _____

*If English is not your first language, what is? _____

*Household income (optional):

<input type="checkbox"/> below \$4,999	<input type="checkbox"/> \$20,000 - \$39,999	<input type="checkbox"/> Unknown
<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$40,000 - \$59,999	
<input type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> Over \$60,000	* <input type="checkbox"/> Income Assistance

*Living Situation:

<input type="checkbox"/> One Parent – Male / Female (circle one)	<input type="checkbox"/> Group Home
<input type="checkbox"/> Two Parent	<input type="checkbox"/> Foster Home
<input type="checkbox"/> Other Relative _____	<input type="checkbox"/> Unknown

***This information is used for funding only. Your child's name will not be used.**

Has your child been involved with any Big Brothers Big Sisters program before? Yes No

If yes, where and when? _____

IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____ Telephone: (____) _____

PLEASE TURN OVER AND COMPLETE OTHER SIDE

PARENT/STUDENT SECTION: Parents/Guardians: Please fill out this form with your child. This information will help us match your child to a screened mentor and your student's mentor get to know your child.

Parent:

Does your child take any medications? Yes No

If yes, what for? _____ Dosage? _____

Does your child have special needs, food allergies or any physical limitations? Yes No

Please list: _____

Does your child participate in any school-related sports, clubs or organizations? Yes No

Please list: _____

Does your child need assistance with? Reading School performance Classroom behavior
 Self-esteem Other _____

Please list any preferences regarding your child's mentor: _____

Please include any additional information that would be helpful for your student's mentor to know:

Student:

What do you like about school? _____

What don't you like about school? _____

Name 3 Interests and Hobbies: 1. _____ 2. _____

3. _____

Tell me a little bit about your family. _____

What area(s) would you like a mentor to help you with? _____

- Getting along with teachers Getting along with friends
 Getting along with people at home Other _____

What would you like to learn about your Mentor? _____

Please check all the words that describe you:

- Loud Organized Artistic/ Musical
 Quiet Need help getting organized Athletic
 Outgoing Need Help with Schoolwork Do My Own Thing
 Shy Follow Others Other _____

PERMISSION FORM:

I, _____, understand that my child, _____, may be
Parent/Guardian Name Child's name

selected to participate in a mentoring program with Big Brothers Big Sisters of Central Ohio. By signing below:

1. I grant permission for him/her to participate in all scheduled activities including participation in program evaluation.
2. I understand that all contact between my child and his/her mentor will occur in a supervised setting. If I want to extend my child's mentoring relationship beyond this program, I understand that I must contact Big Brothers Big Sisters of Central Ohio to discuss my interest and to complete additional screening procedures that are required.
3. I hereby consent and authorize my child's school to disclose and release to Big Brothers Big Sisters of Central Ohio, my child's academic, attendance, and behavioral information for the current, future, and previous school years. I understand that this information may be used to confirm application requirements, provide match support and guidance, and for statistical purposes. Big Brothers Big Sisters of Central Ohio agrees to maintain the confidentiality of my child's information. I also understand that my consent to and authorization of the disclosure and release of this information to Big Brothers Big Sisters shall continue for the time that my child participates in the program or until such time as I revoke my consent in writing, whichever occurs first.
4. I hereby consent and authorize Big Brothers Big Sisters of Central Ohio to utilize my child's academic, attendance, and behavioral information from my child's school for the purposes of discussions with my child's mentor. This includes but is not limited to, my child's transcript and grade card at the end of each nine week grading period. This information will be shared with your child's mentor so they may engage in discussions about education and future goals, and help support your child through the mentoring relationship.
5. My child and I have received information regarding Child Safety & Abuse Prevention.
6. I grant consent for the use of identifying information in print, video, films and photographs of my child for:
 - PLEASE CIRCLE ONLY ONE:** Yes No Program projects involving cameras, scrapbooking, portfolios, field trips ID badges, etc.
 - PLEASE CIRCLE ONLY ONE :** Yes No Recognition or thank-you gifts to mentees/mentors, corporate partners, school staff
 - PLEASE CIRCLE ONLY ONE :** Yes No Publicity, Promotion and Advertising by Big Brothers Big Sisters or their authorized partners or invited media
 - PLEASE CIRCLE ONLY ONE :** Yes No Use on BBBS of Central Ohio website
7. I understand that all above-mentioned consents transfer with my child whenever he/she transfers to another school within the district.

Signature of Parent/Guardian

Date

Printed Name of Person signing this form

