

## Exhibit A—Consent for Participation in Mentoring Services Program

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**Note:** As required by Education Code 29.089, the District must obtain written consent from a student’s parent or guardian before the student can participate in a mentoring services program provided to students defined as at risk of dropping out of school.

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My student, \_\_\_\_\_ (*print name of student*), currently enrolled at \_\_\_\_\_ (*print name of student’s current campus*), has my approval to participate in the mentoring services program offered by Ector County Independent School District.

I understand that the District has arranged for this program to be implemented through \_\_\_\_\_ (*a public or nonprofit community-based organization*).

See attached materials [*insert if applicable*: or on the District’s website for further information on the program.

Parent’s or guardian’s name: \_\_\_\_\_

Parent’s or guardian’s signature: \_\_\_\_\_

Parent’s or guardian’s phone number: \_\_\_\_\_

Parent’s or guardian’s email: \_\_\_\_\_

Date: \_\_\_\_\_