



FAIRFAX COUNTY
PUBLIC SCHOOLS

Lake Braddock Secondary School
9200 Burke Lake Road
Burke, Virginia 22015

LAKE BRADDOCK STUDENT MENTORING PROGRAM
PERMISSION FOR STUDENT PARTICIPATION

Student Name: _____ Grade: _____

Guidance Counselor: _____

I give my permission for my child to participate in the Lake Braddock Secondary School MentorWorks program. I understand and acknowledge that there is no requirement that my child participate in it. Furthermore, I understand that the individuals serving as mentors in this program are volunteers and are not employed by the Fairfax County Public Schools as mentors.

I understand that the mentoring provided under this program will take place during my child's lunch period, or immediately after school, so my child will not lose any academic class time. I further understand that I may withdraw my permission at any time, by written notification to the Lake Braddock Guidance Department, and that my child will be withdrawn from the mentoring program.

Parent/Guardian Signature: _____ Phone: _____
Parent/Guardian Name (printed): _____ Date: _____

I give my permission for the school to share confidential information concerning my child with the Mentor for the purpose of assisting the Mentor to work with my child.

? YES ? NO *Parent Signature* _____

This section is optional for parent/guardian to complete. Mentor will keep information confidential.

Strengths my child has:

Concerns I have about my child:

Medical conditions, food allergies, etc.:

Any other information that may be useful:

Please return to Lake Braddock Guidance Department

FOR MENTORING PROGRAM USE:

Date Received: _____ Mentor Assigned : _____

Mentor information to parent (date): _____ Initial meeting date: _____