

Child's Name: _____

Child's DOB: _____ Race: _____ Gender: _____ Grade: _____ School: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ E-mail: _____

Does child receive free or reduced-price lunch at school? (circle one) **Yes No**

Does the child have a parent who is serving, or at one point served, in the U.S. military?

No Yes: Deployed Yes: Deceased Yes: Retired/Vet Yes: Other

Does the child have a parent that is currently, or has been at one point, incarcerated? **Yes No**

(important to answer for our Department of Juvenile Justice grant funding)

Child's Living Situation (circle one):

2 Parent (married)	2 Mothers	Single Parent-Mother	Other Relative	Foster home	2 Parent (not married)
Group home	2 Fathers	Single Parent-Father	Institution	Sibling guardian	Grandparents

Household Income (circle one):

Less than 10,000	10,000-19,999	20,000-34,999	35,000-49,999
60,000-64,999	65,000-69,999	70,000-74,999	75,000-99,999

Does your child have any of the following educational plans? (circle one) **IEP AIP 504**

Check the box if you **DO NOT** want your child to be matched with a Big from Law Enforcement Agency

What things do you want your child's mentor to work on? _____

Signing Consent for Program Participation Grants Permission for the following:

- Your child to participate in the **Bigs Inspiring Scholastic Success: School-Based Mentoring Program.**
- Your child to receive Sexual Abuse Recognition and Prevention Training from BBBS staff. This is done as an extra precaution to ensure their safety. The training focuses on appropriate touching with adults and peers, as well as the importance of reporting an adult whenever someone makes them feel uncomfortable.
- Big Brothers Big Sisters to use your child's first name, and/or photo and/or stories which describe your child's positive experiences with their mentor for the purposes of publicity and promoting the agency.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Relationship to Child: _____

COMPLETE FORM AND email to Melanie@bbbsbigbend.org

Leon County Schools Release of Student Information

In the interest of:

Student name _____

Date of birth _____

Student number _____

Home mailing address _____

I am the parent or legal guardian of _____ (child's name), and I authorize Leon County Schools to release the following educational information concerning _____ (child's name) to Big Brothers Big Sisters of the Big Bend (agency/individual name).

Please place a ✓ next to all that apply:

- Demographic Information (student name; address; listed phone number; photograph; date/place of birth; participation in officially-recognized activities/sports; height; weight, if a member of an athletic team; dates of attendance; date of graduation or program completion; diplomas, certificates, and awards received; and the most recent educational agency or institution attended)
- Student grades
- Daily Attendance Records
- Discipline Records
- Cumulative Grade Point Average (as available)
- Immunization Records
- Exceptional Student Education records
- Parent/Guardian Name(s)
- Gradebook Parent Portal
- All of The Above
- Other (Please list: _____)

This release shall be valid for a period of one year from the signature date. Unsigned forms are not valid. A photocopy shall be deemed as valid as the original. I understand that I have the right to revoke this release at any time.

Parent/Guardian Signature

Relationship to Child

Date of Signature

Please carefully read the directions before completing this form.

(Revised June 24, 2015)