

I give permission (1) for my child to take part in the Big Friend Little Friend program; (2) for Big Friend Little Friend and the school to share contact information, social and academic information about my child (such as; report cards, behavior reports, special education records & information); (3) to have my child complete an interview containing questions about school, home life, and personal interests; (4) to use my child's picture and first name for the purpose of public relations efforts by Big Friend Little Friend of the Mitchell Area; (5) for the following information about my child to be shared with a volunteer: child's first name, age, grade, description of the child's family and home environment, summary of child's interests, and evaluation of child's needs. I understand that this permission does not guarantee that my child will be matched in the Big Friend Little Friend school-based mentoring program.

Parent/Guardian Signature _____ Date _____

If at any time you would like to end this permission, contact Big Friend Little Friend of the Mitchell Area.

GRANT QUESTIONS

The information from the following questions will be used to apply for grants. Grants help fund our program.

Answering the following questions is optional and is not a requirement of the program. This information is about the Little Friend and immediate family and is confidential.

Does the child live with a single parent? _____ mother _____ father

Does the child live with a legal guardian? _____ relation _____

Does the child have a parent or legal guardian in the prison system? Y N

Does your family qualify for:

Free or reduced lunches? Y N

Housing assistance? Y N

EBT? Y N

Household Annual Income (total income of the adults the child lives with)

_____ 0-\$10,000 _____ \$10,001-\$15,000 _____ \$15,001-\$20,000 _____ \$20,001-\$30,000

_____ \$30,001-\$50,000 _____ \$50,000+

Is there a parent or legal guardian disabled, or on disability? Y N

If yes, please explain _____