

Student Name: _____

**KIDS HOPE USA
Parent/Guardian Consent Form**

Dear Parents/Guardian

West Hills Elementary has developed a partnership with Middlebrook Pike Church through KIDS HOPE USA—a program that trains caring older teens and adults how to befriend children and help them learn. Your child’s teacher has suggested that your student could benefit from having a KIDS HOPE USA mentor. A KIDS HOPE USA mentor is someone who is trained to:

- Meet with your child for one hour each week at the school for at least one year.
- Work with your child in practicing certain academic skills, including reading.
- Be a positive role model and friend who could give your child a positive experience.

Please note that the KIDS HOPE USA program complies with the separation of church and state. No religious activity of any kind will take place on school property during school hours.

We would like permission for your child to participate in the KIDS HOPE USA program and be assigned a mentor. Please complete, sign, and return the attached student information and permission sheet tomorrow as we would like to start the program as soon as possible. All information is kept strictly confidential. If you have any questions, please feel free to call the school. Thank you for helping us to provide the best education possible for your child.

Sincerely,

Elishia Basner, M.S.
WHES School Counselor

KIDS HOPE USA – Parent/Guardian Consent Form
(Please return this portion)

I give permission for my child, _____, to participate in the KIDS HOPE USA program and work with a KIDS HOPE USA mentor while attending West Hills Elementary School. This includes consent for the school to provide my child’s mentor with certain academic objectives and/or skills that the mentor should work on with my child and for the school to participate in evaluation of the KIDS HOPE USA program.

Parent/Guardian Name _____ Date: _____
(Print) (Signature)

Address _____

Email: _____ Phone: _____

Kids HOPE USA has resources to help students in a variety of areas. In order for us to better understand and mentor your student, please indicate below any particular needs or concerns that apply to your student:

- Would benefit from help in this subject(s): _____
- Has been diagnosed with a learning disability.
- Struggles socially at school.
- Is being treated for ADD/ADHD.
- Has an incarcerated parent.
- Has experienced a recent loss.
- Is allergic to _____.
- IS there anything else you would like to share about your student?

