



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Dania Elementary School
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**The School Board of
Broward County, Florida**
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10/1/19

Dear Parents and Guardians,

Your child has been selected by his/her teacher to participate in the Dania Elementary Lighthouse Youth Mentoring Program offered through the school. This program matches your child with a caring adult mentor who will meet with your child on school grounds for approximately one hour each week. The mentor will act as a positive adult role model and provide tutoring in subjects specified by your child's teachers. It is our belief that the relationship will lead to increased academic performance, self-esteem, and social-emotional development. Your child will not miss instructional academic or recess time. All participating mentors have completed the required security clearance procedures.

Your approval, support and enthusiasm will greatly increase your child's success in the program. All mentors are volunteering their time to our students; therefore, we need your cooperation by notifying the school as early as possible if your child is absent. This will permit us to contact the mentor to cancel the meeting if necessary.

We look forward to including your child in this special program. We are confident that these caring adult mentors will make an excellent contribution to the quality education your child receives at Dania Elementary School. If you would like for your child to participate in the program, please talk about it with him/her. If your child is comfortable with the idea of having a mentor, please grant your permission by signing below. If you have any questions, please contact the school and ask to speak with the School Counselor.

Sincerely,

Dr. Lewis Jackson
School Principal

Student's Name: _____ Grade _____
Please print your child's name

- Yes, I give my consent for my child to participate in Dania Elementary Lighthouse Youth Mentoring Program and for the School Counselor/ Administrator to discuss and share relevant social or academic information about my child with the mentor. The mentor will have access to my child's grades and assignments during the meeting sessions to discuss academic progress with my child.
- No, I do not want my child to participate in this program at this time.

Signature of Parent/Guardian

Date



LIGHTHOUSE
Community Church

Lighthouse Community Church Adopt a School Mentoring Program

(Program Release Form)

Print Child's Name: _____

Lighthouse Community Church Adopt A School Program has permission as the Parent or Guardian

Name: _____ Phone: _____
Print Parent/Guardian Home / Work

Address: _____

Take pictures for Brochures, Newsletters, and Events. Yes ____ No ____

Legal Guardian _____ / ____ / ____
Signature Date

Mother _____ / ____ / ____
Signature Date

Father _____ / ____ / ____
Signature Date