



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Olsen Middle School
Ms. Valerie Y. Harris, Principal
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**The School Board of
Broward County, Florida**
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Dear Parent(s) and/or Guardian:

We are please to inform you that your child has been recommended for participation in our mentoring program. This program matches your student with a caring adult who will spend approximately one hour each week, on school premises, developing self-esteem, promoting a positive attitude toward school, encouraging positive choices, building goal-setting skills, increasing social skills and working on other issues which may be affecting your child's success. Participating mentors have completed the 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 are pleased your child was selected for this special program. It is another excellent strategy provided by Olsen Middle School to serve our students. If you have any questions, please contact the school at the number shown above and ask to speak with the grade level Guidance Counselor.

Sincerely,

Valerie Y. Harris
Principal

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

- Yes, I give my consent to participate in Olsen Middle Youth Mentoring Program and for the Guidance Counselor/Administrator to discuss and or share relevant personal, social, or academic information about my child with the mentor. The mentor will have access to Pinnacle during the meeting sessions in order 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