To Whom It May Concern:

On behalf of ***Big Brothers Big Sisters of Northeast Florida (BBBSNEFL)***, we would like to thank you for your efforts in recommending your student to be matched with a Big Brother or Big Sister. Your student’s Big will help him or her with their academic work and any other area you feel your student needs to grow. In order to accelerate the recommendation process, you will find a packet enclosed with this letter. Below, there is a brief description of each form to help you understand what our agency needs from you.

***School Referral/ Schedule to Leave Form***

This form is to let our agency understand why this student is being recommended to our program. This form is to be filled out by any teacher, school administrator, or volunteer liaison. This form will work to communicate and identify when the student can be released from class.

***Parent Permission Form***

This form must be completely fill-in, signed and returned before the student can be interviewed and matched with a Big Brother or Big Sister.

Thanks for all of your assistance in this matter.

If you have any questions and/or concerns, please do not hesitate to contact me.

Sincerely,

Netanya Wynn

Area Manager/Mentor Advocate

Phone: (904) 586-4510 Email: nwynn@bbbsnefl.org

Big Brothers Big Sisters of Northeast Florida

**School Referral Form**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Name:\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_ Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does student have an IEP plan? Yes\_\_\_\_ No \_\_\_\_

**The child is being referred for assistance in the following areas (please check below):**

\_\_\_: School performance \_\_\_: Classroom behavior \_\_\_: Low self-esteem \_\_\_ : Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For the following questions, please rate the child using grades of A- F:**

How do you rate the child’s academic level in reading? \_\_\_\_\_\_\_\_\_\_

List additional subject area(s) that child is having difficulty with: \_\_\_\_\_\_\_\_\_\_

How do you rate the child’s classroom attendance? \_\_\_\_\_\_\_\_\_\_

How do you rate the child’s behavior in school? \_\_\_\_\_\_\_\_\_\_

**Please indicate the days and one-hour time slots that the child is available to leave the classroom:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Monday |  Tuesday |  Wednesday |  Thursday |  Friday |
|  |  |  |  |  |

What time does the child go to lunch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the child in the after-school program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’ email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Permission Form**

Students at **Tiger Academy** have the opportunity to participate in a site-based mentoring program facilitated by Big Brothers Big Sisters of Northeast Florida. As a participant, your child would be matched with a screened and trained volunteer for reading assistance. All mentoring sessions take place at the school during the school day-not off the school grounds. A completed parent permission form is **required** for program participation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (**BBBSNEFL Representative**) Signature (**School Representative**)

|  |  |  |
| --- | --- | --- |
| Child’s Name: | Child’s Gender: | Child’s Race/Ethnicity:  |
| Child’s DOB: | Child’s Grade: | Parent’s Name: |
| Address: | Zip Code: |
| Home Phone: | Work Phone:  | Cell Phone:  |
| Relationship to child: | Email: |
| Emergency Contact Name: | Emergency Contact Number: |

**Required Information:**

|  |
| --- |
| Child’s Living Situation (please check one): Two Parent: \_\_\_\_\_ Grandparents: \_\_\_\_\_ Foster Care: \_\_\_\_\_Single Parent (Mother): \_\_\_\_\_ Other Relative: \_\_\_\_\_ Sibling Guardian: \_\_\_\_\_Single Parent (Father): \_\_\_\_\_ Non Relative: \_\_\_\_\_  |
| Incarcerated parent(s) or family members: Yes: \_\_\_\_\_ No: \_\_\_\_\_  |
| Parents in the military on active duty: Yes: \_\_\_\_\_ No: \_\_\_\_\_ N/A: \_\_\_\_\_ Deployed: \_\_\_\_\_ |
| Eligible for Free/Reduced Lunch: Yes: \_\_\_\_\_ No: \_\_\_\_\_  |
| Child’s Student ID Number:  | Does student have a IEP#: Yes: \_\_\_\_\_ No: \_\_\_\_\_  |
| Child’s General Health/ Current Medications:  |
| Child’s Physical Limitations:  |

**Volunteer Characteristics:** Please place a check next to any of the following if you have specific preferences and then state your preferences on the corresponding line regarding the volunteer who may be matched with your child as a Big Brother or Big Sister:

\_\_\_\_\_\_ Race/ethnicity of the volunteer

\_\_\_\_\_\_ Gender of the volunteer

\_\_\_\_\_\_ Religion/faith of the volunteer

\_\_\_\_\_\_ Sexual orientation of the volunteer

\_\_\_\_\_\_ Marital status of the volunteer

\_\_\_\_\_\_ Other preferences

If any specific preference(s, please state preference(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: BBBS does not discriminate on the basis of the above factors and volunteers with various characteristics may be accepted, but you may have a preference about the volunteer who may be matched with your child and we will follow your preferences to the best of our knowledge. Please note that while female Bigs may be matched with male Littles (up to age 10), no male Bigs will be matched with female Littles.*

**Permissions: (Please check Yes or No on the following)**

**Media Release:** I hereby grant to BBBSNEFL the absolute right to use my minor child’s name, image, biographical information, quotations and /or writings in any publication or production made in media of any form, including but not limited to: paper publications, television, photography, audio or video recordings, social media sites and websites. The use of this information shall be at the sole discretion of BBBSNEFL. I further agree that BBBSNEFL may use or cause to be used, these reproductions for any and all exhibitions, public displays, publications and advertising purposes without limitations or reservations or any compensation other than that of which receipt is hereby acknowledged. **Yes: \_\_\_\_\_ No: \_\_\_\_\_**

The mutual release and exchange of contact information (e.g. phone numbers, street address, and email address) between my child and his/her adult “Big.” **Yes: \_\_\_\_\_ No: \_\_\_\_\_**

I give permission (1) for my child to participate in the BBBSNEFL Program; (2) for the school to provide social and academic information about my child to BBBSNEFL (e.g. contact information, report cards, grade portal, behavior reports); (3) to have my child complete a questionnaire containing questions about school, home life, and personal interests; (4) to have my child talk with a BBBSNEFL staff person about personal safety.

This authorization shall be effective and continually in force, to the extent permitted by law, from the date of this authorization until revoked by the Parent/ Guardian with written notice or a Successor Authorization, provided by BBBSNEFL is executed. I further acknowledge that myself and my child listed above have received information and guidelines pertaining to the use of social media relevant to my child and their mentor. I understand that the purpose of the social networking guidelines is to provide information on agency guidelines, parent responsibilities, assertiveness, and **safety with** **strangers and the prevention of sexual abuse.** I understand that all visits must take place on school or site grounds. I further understand that during the summer months I, as part of an active match, the parent and child may be eligible to attend site based activities sponsored by Big Brothers Big Sisters of Northeast Florida.

**Parent/Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_