



Leaders In Training Sports Mentoring Program * C/o the Urban Affairs Coalition * 6th Floor * 1207 Chestnut Street
 Philadelphia, PA 19107 * Phone: 267.377.3471 * Fax: 215.851.0514
 * Email: eugene.pough@litsports.org * Website: www.litsports.org

PARENT/GUARDIAN PERMISSION LETTER

Dear Parent/Guardian:

Your child has been chosen to participate in the **Leaders In Training Sports Mentoring Program** offered through his school. In the program, your child will be matched with adult volunteer mentors who will meet him at the West Oak Lane Library, located on 2000 E. Washington Lane, Philadelphia, PA 19138. Volunteers will act as a “Coach” on subjects specified by your child’s needs, as well as act as an adult role model and source of friendship and encouragement. The activities between your child and the mentors will be closely monitored and structured by the Program Director and Coordinator in charge of the relationship. The school feels that your child will greatly benefit from having another positive adult role model in his life and hopes that the relationship will lead to increased academic performance, self-esteem, and emotional development.

The mentors that have been chosen for our program will be thoroughly screened and investigated by **LITSports** and **the Urban Affairs Coalition**. We respect your role as a parent/guardian and will provide every opportunity for you to meet with the mentors and be involved in the development of their relationship.

As your child goes through the program, his teachers will monitor academic performance. All information gathered about the effect of the relationship on your child’s school performance is strictly for the purposes of evaluating the program and will be kept confidential.

We feel that these caring adult volunteers will be making an excellent contribution to the quality of education in our program. If you would like your child to participate in the program, talk about it with him. If he is comfortable with the idea of having mentors, please grant your permission by signing below. Our Program Director will be in contact with you about your child’s new mentors.

Thank you for your time. We hope this program will be of great benefit to everyone involved. For more information, please feel free to contact me at 267.377.3471, Eugene.pough@litsports.org and visit www.litsports.org.

Sincerely,

Eugene Pough

Program Director

I give permission for my child, _____, to participate in the mentoring program at his/her school. I understand the nature and rules of the school’s mentoring efforts and reserve the right to withdraw my child from the program at any time. I give permission for my child’s school records to be released to the LITSports Mentoring Program Director and mentor in order to best support my child’s achievement.

 Parent/Guardian Signature

 Date