



## SCHOOL-BASED APPLICATION

Child's Name:	Child's Date of Birth:			Parent/Guardian Name:
Child's School:	Child's Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Write in:			Relationship to child:
Child's Grade:				
Home address:	City:	State:	Zip:	Home Phone:
PO Box:				Cell Phone: Email Address:
Child's Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____				
Child's Living Situation: <input type="checkbox"/> Two Parent Household <input type="checkbox"/> One parent Household <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other relative of child (Non-Parent) Relationship to the child: <input type="checkbox"/> _____ <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Other/Explain: _____				
Other Children in the home: Name & Age <div> <div></div> <div></div> <div></div> <div></div> </div>				
Would you like your child to work on anything while meeting with a volunteer?				

- I grant permission for my child to participate in a mentoring program with Big Brothers Big Sisters (BBBS) of Licking & Perry Counties at school.
- **I understand that all contact between my child and his/her volunteer will occur only at my child's school during the supervised program.** I understand that if I want my child to meet with his/her mentor **outside** of the school, I **must** contact the Big Brothers Big Sisters Program Coordinator to discuss my interest and complete additional screening procedures.
- Please list any preferences regarding your child's mentor: \_\_\_\_\_

**OVER →**

- Please list any additional information (home environment, family dynamic, special needs, etc.) that will assist BBBS in working with your child: \_\_\_\_\_
- Does your child have allergies? ☐ No ☐ Yes, please explain \_\_\_\_\_
- BBBS receives grant money which helps provide school-based programs. In order to help us in continuing to provide our services, free of charge, to your child's school please provide the following information: **Confidentiality is maintained**
  - ☐ Yes ☐ No Does your child have a parent or parent figure that is currently serving a sentence in a federal, state or local correctional facility?
  - ☐ Yes ☐ No Has your child had any current or past involvement with the Juvenile Justice System?
  - ☐ Yes ☐ No Does your child receive free or reduced-price lunch?
  - ☐ Yes ☐ No Does your child have a parent or parent figure in the military?  
Currently Deployed? ☐ Yes ☐ No
- Regarding the use of my child's name and photograph in agency publications & video, film and promotional materials (including Facebook, Instagram & Twitter)
  - ☐ I do consent to the use of identifying information and video, film and photographs in agency publications, promotional materials ( including Facebook, Instagram & Twitter)
  - ☐ I do not consent to the use of identifying information and video, film, and photographs in agency publications and promotional materials (including Facebook, Instagram & Twitter)
- I further authorize my child's school to disclose and release to Big Brothers Big Sisters of Licking & Perry Counties my child's academic, attendance, and behavioral information for the current, future, and previous school years to confirm application information, provide match support, and for statistical purposes. I understand my authorization of the disclosure and release of this information to BBBS shall continue for the time my child participates in the program or until I revoke my consent in writing. **Confidentiality is maintained.**
- I understand that my child's academic information may be used to for the purpose of discussions with my child's Mentor to help support my child through the mentoring relationship. This includes but is not limited to, my child's transcript and grade card at the end of each nine week grading period. **Confidentiality is maintained.**
- Through Big Brothers Big Sister, your Child will have surveys done to assess the effectiveness of the program. \*\*\*These forms are available in the school office or with the BBBS Program Manager

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### AFTER SCHOOL PROGRAM ONLY

Who has permission to pick up your child after the program?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_