



Group Mentoring Application

INSTRUCTIONS:

The information on the following pages should be completed by the student and his or her parent(s) or guardian(s). Please choose only the best answer when selecting from the provided options. Be sure the application is completed with signatures and turned into the student's school counselor. Please call Partnership 4 Kids with any questions at 930-3000.

Student Information

First : _____	MI: _____	Last: _____
Date of Birth: (MM/DD/YY) _____	OPS Student ID Number: _____	
Eligible for Free/ Reduced Lunch Program:	__ Yes __ No __ Unknown	
Current School: _____	Current Grade: _____	
Was this student a Partnership 4 Kids - Goal Setting Program Participant? (Formerly known as Winners Circle)	__ Yes __ No	

Student Demographic Information

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: Are you Hispanic/Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race: Please select all that apply	
<input type="checkbox"/> AM (American Indian / Alaska Native)	<input type="checkbox"/> AS (Asian)
<input type="checkbox"/> WH (White)	<input type="checkbox"/> BL (Black or African American)
<input type="checkbox"/> PI (Native Hawaiian or Other Pacific Islander)	

Student Contact Information

Physical Address	Street: _____
	City, State, Zip: _____
Email Address: _____	
Home Phone: (____) _____	Cell: (____) _____
Mailing Address (If Different)	Street: _____
	City, State, Zip: _____

Living Situation: Choose one

2 Parent Home

Foster Home

1 Parent Home

Other relative of child

Other _____

Legal Guardian (other than parents)

Parent(s)/ Guardian(s) Information

Title: _____ First: _____ Last: _____

Email Address(es): _____

Home Phone:(____) _____ Cell:(____) _____ Work:(____) _____

Relationship to Student: _____

Noncustodial Parent / Guardian Information

Title: _____ First: _____ Last: _____

Physical Address _____ Street: _____

City, State, Zip: _____

Email Address: _____

Home Phone:(____) _____ Cell:(____) _____ Work:(____) _____

*Is the non-custodial parent involved in the student's life on a regular basis? Yes No

*Should program information be sent to the non-custodial parent as well? Yes No

*Is this parent incarcerated? Yes No

(The demographic information is not tied directly to the student and is only used in reporting aggregate information on grant and other funding opportunities for the Group Mentoring program.)

Emergency Contact Information

Title: _____ First: _____ Last: _____

Physical Address _____ Street: _____

City, State, Zip: _____

Home Phone:(____) _____ Cell:(____) _____ Work:(____) _____

Relationship to Student: _____

Other Family Member Information

List all siblings currently participating in Partnership 4 Kids programs:

Name	Gender (M/F)	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Information

Is this student served by another mentoring organization?

Yes No Unknown

If yes, select all mentoring programs that apply:

Amachi

Midwest Trailblazers Youth Program

Big Brothers Big Sisters of the Midlands

Ollie Webb Inc.

Boys and Girls Club of the Midlands

Omaha Home for Boys

Child Saving Institute

Omaha Street School

Girls Inc. Pathfinder

Release Ministries

Goodwill GoodGuides

TeamMates Mentoring Program

Hope Center for Kids

Youth Emergency Services

Has the student ever been placed in juvenile detention or had any experiences in the juvenile justice system?

Yes No

If yes, please explain: _____



Partnership 4 Kids: Group Mentoring Program

Permission and Release Form

Student Name: _____

Date of Birth: _____

Permission to Release Information to Program Personnel and Volunteers:

I give permission for Partnership 4 Kids Mentoring Program personnel and/or volunteer mentors to discuss my child's progress and records regarding attendance, test scores, discipline reports and academic or social progress in school or in other relevant programs, with representatives of the schools and/or other programs, as they relate to his/her success in the mentoring program. I understand that Partnership 4 Kids agency is not obligated to match my child with a mentor right away. If my child is matched with a mentor I agree to immediately report any concerns I might have to Partnership 4 Kids staff. I also grant my permission for Partnership 4 Kids Mentoring Program to refer my child to other programs (e.g. structured activities, tutoring, counseling, etc.) as deemed necessary to assure her/his success in the mentoring program.

Parent/Guardian Signature

Date

Permission to Participate in Partnership 4 Kids Activities and Transportation

I give permission for Partnership 4 Kids Group Mentoring Program personnel, volunteers and/or school staff members to transport my child to and from Partnership 4 Kids sponsored activities. I fully understand the nature of the risk of injury or loss of property associated with Partnership 4 Kids Mentoring Program. The signing of this permission slip releases Partnership 4 Kids Mentoring Program, its employees and volunteers and the School District and its employees from any and all claims made by my child or on behalf of my child should injury or loss of property occur as a result of his/her participation in Partnership 4 Kids. I understand that if my student walks or has alternate transportation not provided by Partnership 4 Kids to or from Partnership 4 Kids sponsored events, Partnership 4 Kids will not be responsible for this student. I acknowledge that I have read this Permission and Release Form and fully understand its contents. Because of the long-term nature of the mentoring relationship, I understand that this permission slip will remain in force until my child is no longer involved in Partnership 4 Kids or until I notify Partnership 4 Kids in writing that I wish to cancel this agreement.

Parent/Guardian Signature

Date

Please note: This form must be signed before the student is officially accepted into Partnership 4 Kids Group Mentoring Program.



PARENTAL MEDIA RELEASE

I, the undersigned, hereby grant to Partnership 4 Kids ("Producer"), its licensees, assigns and other successors-in-interest, a royalty-free, gratis, perpetual, irrevocable, license and right in and to my child's image, appearance, name, likeness and/or quotations ("Licensed Content") for use in Producer's promotional media campaign ("Media Campaign") in any form, including, but not limited to, web and blog stories, print and electronic media, newsletters, social and on-line media or annual reports or such other pictures as Producer may request (the "Media"). I hereby authorize Producer to photograph and record (on film, computer or otherwise) my child; to edit the Licensed Content at its discretion; to incorporate the same into the Media Campaign or other program on any Media; to use such Licensed Content for purposes of publicity, advertising and promotion or to refrain from doing any or all of the foregoing. I acknowledge that Producer owns all rights to the results and proceeds of my child's service rendered in connection herewith. I understand that my child and I will not receive any compensation from Producer or any other person as a result of the rights granted herein, including, but not limited to, my child's appearance in the Media Campaign.

I represent that I am the parent or legal guardian of the minor whose name appears below and release at the line referred to in the space following my signature, and I hereby agree that said minor and I will be bound hereby.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____
Please print

Child's School: _____

Child's name: _____
Please print

Address: _____

Phone: _____

Email: _____

Date: _____



**Omaha Public Schools
Partnership 4 Kids
Group Mentoring Program
Consent to Release Student Records**

2012-2013

Student Information	
Student Last Name (legal):	Student Number:
Student First Name (legal):	School:
Student Middle Name (full):	Grade:
Home Address:	Birth Date: / /
City: Zip:	Gender: M / F
Parent/Guardian Information	
Are you the legal guardian of this student? Yes / No	Relationship to Student:
Parent Last Name (legal):	Home Phone:
Parent First Name (legal):	Cell Phone:
Parent Middle Name (full):	Work Phone:
Partnership 4 Kids – Group Mentoring Program	
<p>The Partnership 4 Kids – Group mentoring program serves students in Omaha Public Schools in grades 7-12 with academic and mentoring services. Teachers and counselors select students for participation. These students have academic potential, but face barriers to success that put their educational progress at-risk. Participating students attend bi-monthly after-school meetings facilitated by Partnership 4 Kids staff members. At each meeting, the students meet with 3-4 of their peers and one community volunteer-mentor. The focus for each meeting includes topics such as academic skills, career exploration, community service projects, leadership, team building, and healthy living.</p>	
Consent to Release Information	
<p>In order for the Omaha Public School District to release confidential information to monitor progress toward individual student learning goals, or for research and evaluation, a consent form signed by the legal parent/guardian must be on file at the School District. Organizations sponsoring and funding this program may receive student data in summary form.</p> <p>By signing this enrollment and consent form, I authorize the Omaha Public School District to release the following student records to Partnership 4 Kids – Group Mentoring Program staff:</p> <ul style="list-style-type: none"> • Student Demographics • Family Contact Information • Attendance • Class Schedule • Grades Term • GPA Term/Cumulative • Communication with school staff • State Test Scores - Math, Reading, Science, Writing* • Transcript <p><i>* most recent scores will be provided</i></p> <p>This authorization is valid for the 2012-13 school year and expires:</p> <ul style="list-style-type: none"> • November 1, 2013 (for the purpose of providing end of 2012 - 2013 year data), or • when my child no longer participates in Partnership 4 Kids – Group Mentoring Program or • when my child leaves the school, • whichever of these is earlier. <p>If your child's participation in this program continues after this date, The Partnership 4 Kids the will request that you complete a new form reauthorizing the Release of Information. You may revoke this authorization at any time by submitting a letter to Partnership 4 Kids, 1004 Farnam St., Omaha, NE 68102.</p>	
Parent/Guardian Signature:	Date: / /
Eligible Student Signature (age 18 or older):	Date: / /