



Fresno Unified  
School District

*Preparing Career Ready Graduates*



## PEER MENTORING PROGRAM PARENT/GUARDIAN PERMISSION FORM

Date: \_\_\_\_\_

Dear Parent/Guardian:

Your child, \_\_\_\_\_ has been selected to participate in the FUSD Peer Mentoring Program. In this program, your child will be working with a Peer Mentor. A Peer Mentor is high school (close in age) who is willing to spend time helping a young person succeed in school. Should your child participate, the Peer Mentor will be meeting with your son/daughter in person, under the supervision of school staff once a week.

The Peer Mentor has been carefully screened and trained.

We hope that you will approve of having your child participate in the FUSD Peer Program at \_\_\_\_\_ high school.

Sincerely,

Fernanda Jusaino  
Mentor Facilitator

.....  
**Please return this page**

- 1) I grant permission for my child \_\_\_\_\_ to participate in the peer mentoring program. \_\_\_\_\_ (initial)
- 2) I grant permission for my child, \_\_\_\_\_ to participate in pre-and post-surveys and focus groups to help us evaluate the quality of the program. \_\_\_\_\_ (initial)
- 3) I grant permission for my child's photo to be included in future peer mentoring program materials. \_\_\_\_\_ (initial)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date