



CHILD APPLICATION & PERMISSION FORM

(Please fill out completely using blue or black ink. *All information will be held confidential*)

School _____ Grade _____

Teacher/ Counselor _____ Date Completed _____

Name of the school your student plans to attend Next School Year: _____

STUDENT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home telephone: _____ Birth Date: _____ Gender: M F

Student's Cell Phone Number: _____

Student's Email Address: _____

Is the student eligible for free/reduced price lunch at school? Yes No

*Ethnic Origin (if MIXED RACE, please select all that apply):

African American Asian Caucasian Hispanic Native American Somali

Other _____

*National Origin: Is the student an immigrant/refugee? Yes No

If yes, please list child's country of birth _____

*My child has past or current involvement with the juvenile justice system? Yes No

***All information remains confidential. This information is used for funding only.
Your child's name *will not* be used.**

PARENT/GUARDIAN INFORMATION:

Parent(s) or Guardian Name: _____ Relationship to Child: _____

Place of Employment: _____ Email Address: _____

Work Phone: (____) _____ Can you be reached at work? Yes No

Cell Phone/Pager: (____) _____ Preferred Phone (circle one): Home Cell Work

Best Time to Call: Anytime Days Evenings Weekends

Is either parent serving active duty in the military Yes No

If yes, parent is or will be deployed within the next 6-12 months? Yes No

*Is either parent serving a sentence in a local facility, or state or federal prison? Yes No

If yes, which parent is incarcerated? Mother Father Step-Mother Step-Father

Name of Institution _____

*How many people are currently living in your household? _____

- | | | | |
|-------------------|--|--|--|
| *Household Income | <input type="checkbox"/> below \$10,000 | <input type="checkbox"/> \$35,000-39,999 | <input type="checkbox"/> 100,000-\$124,999 |
| | <input type="checkbox"/> \$10,000-14,999 | <input type="checkbox"/> \$40,000-44,999 | <input type="checkbox"/> 125,000-149,999 |
| | <input type="checkbox"/> \$15,000-19,999 | <input type="checkbox"/> \$45,000-49,999 | <input type="checkbox"/> 150,000-199,999 |
| | <input type="checkbox"/> \$20,000-24,999 | <input type="checkbox"/> \$50,000-59,999 | <input type="checkbox"/> over \$200,000 |
| | <input type="checkbox"/> \$25,000-29,999 | <input type="checkbox"/> \$60,000-74,999 | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> \$30,000-34,999 | <input type="checkbox"/> \$75,000-99,999 | <input type="checkbox"/> Income assistance |

***I receive Ohio Works First cash payments or other County Dept. of Job and Family Services benefits (Medicaid, food stamps, Title 20, cash assistance, etc.)** Yes No

- *Living Situation:
- | | |
|--|---|
| <input type="checkbox"/> One Parent – Male / Female (circle one) | <input type="checkbox"/> Two Fathers |
| <input type="checkbox"/> Two Parent (married) | <input type="checkbox"/> Two Mothers |
| <input type="checkbox"/> Two Parent (not married) | <input type="checkbox"/> Sibling Guardian |
| <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Other Relative _____ | <input type="checkbox"/> Foster Home |

IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, PLEASE NOTIFY:

Full name: _____

Relationship to child: _____ Telephone: (____) _____

Circle one: Cell Home Work

Full name: _____

Relationship to child: _____ Telephone: (____) _____

Circle one: Cell Home Work

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The information below will assist us in matching your child to a screened Mentor. The parent/guardian should answer the PARENT SECTION. The student should answer the STUDENT SECTION

PARENT/GUARDIAN SECTION: Please answer all the questions below.

*If English is not your first language, what is? _____

Has your child been involved with any Big Brothers Big Sisters program before? Yes No

If yes, where and when? _____

Does your child take any medications? Yes No

If yes, what for? _____ Dosage? _____

Does your child have special needs, food allergies or any physical limitations? Yes No

Please list: _____

Does your child participate in any school-related sports, clubs or organizations? Yes No

Please list: _____

Please list areas that your child could use help with in school: _____

Does your child need assistance with? Reading School performance Classroom behavior
 Self-esteem Other _____

Please list any preferences regarding your child's Mentor: _____

Please include any additional information that would be helpful for your student's Mentor to know: _____

STUDENT SECTION: Please answer all the questions below. There are no right or wrong answers. 😊

Name 3 interests and hobbies: 1. _____ 2. _____ 3. _____

Tell me a little bit about your family. _____

What would you like to learn about your Mentor? _____

How would you describe yourself? _____

Do any of these words describe you as well?

Loud/Outgoing

Organized

Need help with schoolwork

Quiet/Shy

Artistic/ musical

Need help getting organized

Athletic

Do my own thing

Other _____

PERMISSION FORM:

I, _____, understand that my child, _____, may be
Parent/Guardian Name Child's name
selected to participate in a mentoring program with Big Brothers Big Sisters of East Central Ohio. By signing below:

- 1) I grant permission for him/her to participate in all scheduled activities, including participation in program evaluation.
- 2) I understand all contact between my child and his/her Mentor will occur in a supervised setting. If I want to extend my child's mentoring relationship beyond this program, I understand I must contact Big Brothers Big Sisters of Central Ohio to discuss my interest and to complete additional required screening procedures.
- 3) I hereby consent and authorize my child's school to disclose and release to Big Brothers Big Sisters of East Central Ohio, my child's academic, attendance, and behavioral information for the current, future, and previous school years. I understand that this information may be used to confirm application requirements, provide match support and guidance, and for statistical purposes. Big Brothers Big Sisters of East Central Ohio agrees to maintain the confidentiality of my child's information. I also understand my consent to and authorization of the disclosure and release of this information to Big Brothers Big Sisters shall continue for the time my child participates in the program or until such time as I revoke my consent in writing, whichever occurs first.
- 4) My child's academic information may be used for the purposes of discussions with my child's Mentor. This includes but is not limited to, my child's transcript and grade card at the end of each nine week grading period. I understand this information will be shared with my child's Mentor so they may engage in discussions about education and future goals, and to help support my child through the mentoring relationship.
- 5) My child and I have received information regarding Child Safety & Abuse Prevention and the Ohio Benefit Bank.
- 6) I have received pre-match training information and understand my child will receive training during his/her initial program orientation.
- 7) I understand that Big Brothers Big Sisters is interested in finding opportunities to provide my child/family with additional support on an ongoing basis. For that reason, Big Brothers Big Sisters staff will:
 - a) Call if my child is absent from school on a program day.
 - b) Contact me to schedule an in-person meeting to further assist my child's match relationship and to provide any additional resources to my child/family when needed.
- 8) I understand that Big Brothers Big Sisters does not discriminate on the basis of race, color, gender, age, religion, sexual orientation, handicap, disability, military status, or national origin.
- 9) I grant consent for the use of identifying information in print, video, films and photographs of my child for:

PLEASE CIRCLE ONLY ONE: Yes No Program projects involving cameras, scrapbooking, portfolios, field trips ID badges, etc.

PLEASE CIRCLE ONLY ONE: Yes No Recognition or thank-you gifts to Mentees/Mentors, corporate partners, school staff

PLEASE CIRCLE ONLY ONE: Yes No Publicity, Promotion and Advertising by Big Brothers Big Sisters or their authorized partners or invited media

PLEASE CIRCLE ONLY ONE: Yes No Use on BBBS of East Central Ohio or Project Mentor websites

10) I understand all above-mentioned consents transfer with my child whenever he/she transfers to another Columbus City School.

Signature of Parent/Guardian

Date

Printed Name of Person signing this form

