



**PARENT/GUARDIAN APPLICATION**

**Child Information:**

Name of child: \_\_\_\_\_ Race: \_\_\_\_\_ (needed for grants/statistics)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ If Native, What Tribe? \_\_\_\_\_

Name of school: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of teacher: \_\_\_\_\_

What will your child do after their Study Connection session? \_\_\_\_\_

Does your child have any allergies or take any medications? \_\_\_\_\_

**Parent/Guardian Information:**

Name of parent/guardian(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Okay to call at work? Yes / No

E-mail: \_\_\_\_\_ (we try to use email for the bulk of our communication)

Place of employment: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

**Emergency Information:**

Name of emergency contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Okay to call at work? Yes / No

**General Information:**

How do you hope your child will benefit from this program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tell us briefly about your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN RELEASE**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_, am requesting an academic mentor for my child through Big Brothers Big Sisters of Southwest Colorado and the Durango School District 9-R's Study Connection program. I give my child permission to participate in supervised activities with his/her academic mentor as arranged by the above entities.  
\_\_\_\_\_ **INITIAL**

I do understand that, because of liability concerns, academic mentors are NOT authorized to transport my child in personal vehicles or to have unsupervised contact with my child outside of the Study Connection sessions. \_\_\_\_\_ **INITIAL**

I do hereby authorize Big Brothers Big Sisters to interview my child on school premises during school hours. This will help expedite the process in finding my child an academic mentor. I also give my permission for the school to share relevant information regarding my child with the volunteer and/or staff of Big Brothers Big Sisters. \_\_\_\_\_ **INITIAL**

I allow Big Brothers Big Sisters to access my child's academic and behavioral records throughout the year as needed. I understand that this information will be used by Big Brothers Big Sisters staff for matching and statistical purposes only. My child's name will not be used in any reports.  
\_\_\_\_\_ **INITIAL**

I do agree to allow my child to participate in the evaluation of Study Connection through questionnaires administered several times throughout the school year. \_\_\_\_\_ **INITIAL**

I do hereby authorize Big Brothers Big Sisters and Durango School District 9-R to use information relating to my child, including his/her full name, picture, audio or video recordings, and quotes in promotional advertising and/or newsletters. These uses may be for recruiting volunteers, fundraising, and/or public education about the program. \_\_\_\_\_ **INITIAL**

By signing this form, I understand that I am releasing Big Brothers Big Sisters from any liability associated with the Study Connection program. I also hereby acknowledge that \_\_\_\_\_ is my child or ward and that I have the authority to make this waiver on their behalf. \_\_\_\_\_ **INITIAL**

I have read the information above and understand its content and meaning. I am willing to confirm this waiver with my signature and I do so willingly and of my own free will.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SEND COMPLETED FORM TO:**

Big Brothers Big Sisters  
PO Box 2154  
Durango, CO 81302  
FAX: 385-8491

OR return it to the Study Connection  
Site Coordinator at the school