

Big Brothers Big Sisters of Topeka
1119 SW 10th St. Suite 3
Topeka, KS 66604

Big Brothers Big Sisters

Parent Permission
School-based Program

Date _____
Fax 785-234-5527
Phone 785-234-5524

Please complete and sign this form if you would like your child to be matched with a volunteer "Big" through Big Brothers Big Sisters. They will participate in a variety of activities and spend time together talking and forming a friendship.

Child's Name _____ Gender _____ School & Teacher/Team _____ Grade _____ Date of Birth _____

Parent Name(s) _____ Phone _____

Address _____ Cell _____

City _____ ZIP _____ E-Mail _____

Parent's Work _____ Phone _____

Ethnicity: White _____ Black _____ Hispanic _____ Asian _____ Other (specify) _____

Emergency Contact _____ Phone(s) _____

Student lives with both parents _____ one parent & a step-parent _____ one parent only _____
grandparent(s) _____ foster _____ other _____ (who? _____)

Is either parent incarcerated in a state or federal prison? Yes _____ No _____ Name of this parent _____

Child is receiving free/reduced school lunches? Yes _____ No _____

Child's Academic Profile: My child generally likes school _____ doesn't like school _____

My child particularly needs tutoring in the following areas: Math _____ Reading _____ Social Studies _____
Science _____ Writing _____ Language Arts _____

Child's Personality: Respectful _____ Short attention span _____ Outgoing _____ Quiet _____ Curious _____
Cooperative _____ Hyperactive _____ Frustrated _____ Happy _____ Hard worker _____ Motivated _____ Confident _____
Discouraged _____ Impatient _____ Uncaring _____ Disobedient _____ Unappreciative _____ Aggressive _____

Child's Home Life: Custody issues _____ Recent move/change of residence _____ Loss of parent's job _____
Recent loss of a family member through death _____ divorce _____ other _____ What relation? _____

Which programs would meet your child's needs (Check any that apply)

_____ Community-Based -- Matches meet 2-3 hrs/week participating in activities of their choice
_____ Bigs in Schools -- Matches meet 30-60 minutes once a week at school

My child needs a mentor who will: _____
If any, list child's special needs: _____

As the parent/guardian of _____, I give my permission for him or her to participate fully in the Big Brothers/Big Sisters programs without limitation, including agency surveys, match support interviews, travel and recreational activities, and waive, discharge, and release any and all claims, rights, and damages against Big Brothers Big Sisters, its employees, officers, directors, sponsors, volunteers, and agents arising or resulting from such participation. I also give my permission to the staff of Big Brothers Big Sisters and its sponsors and volunteers as my agents to consent to medical care and hospitalization or treatment of him or her by any licensed hospital or medical personnel, and agree to pay any resulting emergency and medical expenses.

I understand that information about my child and my family situation will be shared with screened and accepted volunteers as part of the selection process. I hereby give Big Brothers Big Sisters permission to share whatever information necessary.

I give permission for my child's school to share grades, standardized test scores and any other pertinent information with Big Brothers Big Sisters. I also give permission for BBBS to share this info with my child's Big. I also give permission for BBBS staff to contact my child at school.

I acknowledge that Big Brothers Big Sisters and/or its sponsors or volunteers may take and utilize my child for media production in connection with promotional or other activities and hereby waive all rights of compensation.
Check one _____ Yes _____ No _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____

School-based Program

To School or Site Staff: To refer a child to Big Brothers Big Sisters, please complete all info and return to BBBS.
 Thank you.

Student _____ Date of Birth _____
 School or Site _____ Date _____
 Teacher or Staff _____ Grade/Team _____
 Parent/Parents _____ Phone _____
 Address _____ Work Phone _____

CHILD'S AVAILABILITY (indicate times):

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Lunch					

Child's Personality: Respectful _____ Short attention span _____ Outgoing _____ Quiet _____ Cooperative _____

Frustrated _____ Happy _____ Hard worker _____ Motivated _____ Confident _____ Discouraged _____ Impatient _____

Uncaring _____ Unappreciative _____ Aggressive _____ Energetic _____ Creative (what area) _____

Special interest/hobby _____ Possesses leadership qualities _____ Other _____

How well do you know this student? _____ Well _____ Average _____ Slightly

School Performance

Grades _____ Potential Grades _____ Retained one or more years _____

____ Likes school _____ Appropriate classroom behavior _____ Constructive classroom participation

____ Positive relationships with peers _____ Accepts authority _____ Turns in assignments on time

____ Chronically absent _____ Chronically late _____ Frequently leaves before day is over _____ Good attendance

Academic and Life Skills needs, if known

____ Math _____ Reading _____ Soc Studies _____ Science _____ Study Skills _____ Organization

____ Problem-Solving _____ English (student's primary language is _____)

____ Decision-making _____ Confidence-building _____ Taking responsibility _____ Social skills

Problem areas

No _____ Yes _____ Loud School Issues No _____ Yes _____ Physical Handicap

No _____ Yes _____ Outgoing Gang Issues No _____ Yes _____ Mental Handicap

No _____ Yes _____ Withdrawn/shy Economic Deprivation No _____ Yes _____ Medical Concern

No _____ Yes _____ Belligerence (acting out) Profanity No _____ Yes _____ Mental Abuse

No _____ Yes _____ Hyperactive Sibling/Peer Jealousy No _____ Yes _____ Physical Abuse

No _____ Yes _____ Loner Stealing No _____ Yes _____ Sexual Abuse

No _____ Yes _____ Hygiene issues No _____ Yes _____ Drug/Alcohol Issues No _____ Yes _____ Overweight

No _____ Yes _____ Limit setting needed

Does this child have a parent incarcerated in a state or federal prison? _____ yes _____ no _____ unknown

Which **programs** would meet the child's needs? (Check any that apply)

_____ Community-Based – Matches meet 2-3 hrs/week participating in activities of their choice

_____ Bigs in Schools – Matches meet 30-60 minutes once a week at school

How could this child benefit from a Mentor? _____

Please feel free to offer suggestions for what type of volunteer would work best or mention any other needs the child has: _____

If you are referring this child, does the parent know the child is being referred? Yes _____ No _____
 If you know, what language does the parent/guardian use to communicate? _____