



**Oxford Educational Foundation Mentoring Permission Form**  
[oxfordedfound@yahoo.com](mailto:oxfordedfound@yahoo.com)  
**610-932-7200**

Dear Parent/Guardian,

Your child has agreed to participate in the Oxford Educational Foundation (OEF) Mentoring program. Your permission is needed before he/she may be matched with a mentor and begin their sessions.

All mentors working through the OEF have consented to a Criminal Record and FBI Check and Child Abuse Registry Clearance according to Act 34 and as required by OEF and the Oxford Area School District. All mentors have been instructed to keep all personal information about your child confidential.

If you agree to permit your child to participate, please fill out the form below and return it to the guidance office.

Please call the Oxford Educational Foundation or your child's school counselor if you have any questions.

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I give permission for my child \_\_\_\_\_ in grade \_\_\_\_\_ to participate in the OEF Mentoring program. I understand that all personal information about my child will be kept confidential.

My child's homeroom teacher's name is \_\_\_\_\_

\_\_\_\_\_ I would be interested in having my child's mentor contact me

\_\_\_ Please contact me by email. Email Address \_\_\_\_\_

\_\_\_ Please contact me by phone. Telephone Number \_\_\_\_\_

Best time to reach me \_\_\_\_\_

\_\_\_\_\_ I would not like to be contacted by my child's mentor

**Student Photographs**

As part of celebrating student achievement, programs, and special activities with the community, the Oxford Educational Foundation may wish to post photographs on the following: OEF's publications, OEF website, local newspapers and publication media.

\_\_\_\_\_ **I do grant permission** for my child's photograph and name to be posted.

\_\_\_\_\_ **I do not grant permission** for my child's photograph and name to be posted.

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

Telephone number \_\_\_\_\_

Revised 2/23/15