



PARENTAL AUTHORIZATION FORM

I hereby grant permission for my daughter/son to participate in the Dream-Catchers program described in the attached Dream-Catchers Program brochure. I understand and acknowledge that this program is voluntary, and that there is no requirement that my daughter/son participate in it. Further, I understand that individuals who serve as mentors in this program are volunteers and are not employed by Fairfax County Public Schools or this program. All meetings between the student and the mentor will occur at the school or on FCPS-sponsored and supervised field trips.

Fairfax County Public Schools does not support meetings/contacts planned by the mentor and the student that do not occur at school and are not supervised by Fairfax County Public Schools personnel. If contacts outside the school are planned, the mentor will make arrangements through parents and obtain advanced parental permission.

Finally, I understand that I may withdraw my permission at any time by written notification to the school's administrator, and that my daughter/son will thereafter be withdrawn from the Dream-Catchers program.

Date

Parent or Guardian Signature

Printed Parent or Guardian Name

Printed Student Name