



S.P. MORTON
ELEMENTARY SCHOOL
MENTORSHIP PROGRAM
PARENT/GUARDIAN PERMISSION FORM

Please complete, sign, and return this form by **Wednesday, October 21.**

This form gives permission for your child to participate in the Legacy54 Mentorship Program and helps us collect important information to support a successful experience.

STUDENT INFORMATION

Student Name: _____

Age: _____ Grade: _____ Teacher: _____

Date of Birth (optional): _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Emergency Contact (Name & Phone): _____

PERMISSION TO PARTICIPATE

☐ **Yes** — I give permission for my child to participate in the Legacy54 Mentorship Program at S.P. Morton Elementary School.

☐ **No** — I do not give permission for my child to participate in the Legacy54 Mentorship Program at this time.

COMMUNICATION PREFERENCE

☐ Phone Call ☐ Text Message ☐ Email ☐ All of the Above

ADDITIONAL INFORMATION

Please share any information we should know to best support your child (interests, strengths, concerns, etc.).

Parent/Guardian Signature: _____ Date: _____



S.P. MORTON ELEMENTARY SCHOOL

MENTORSHIP PROGRAM

Legacy54 is partnering with S.P. Morton Elementary School to provide mentorship, leadership, and positive experiences that help our students build confidence, character, and a brighter future.



POSITIVE ROLE MODELS

Guidance and support
on and off the court.



ACADEMIC SUPPORT

Encouraging
strong habits.



LIFE SKILLS

Real-world skills
for everyday success.



LEADERSHIP & GOAL-SETTING

Building confidence
and discipline.



SOCIAL & EMOTIONAL GROWTH

Learning, managing emotions,
and making positive choices.



ENGAGING ACTIVITIES

Hands-on experiences
and special guests.



PARENT/GUARDIAN PERMISSION REQUIRED

Please complete and return the attached Parent/Guardian
Permission Form to your child's teacher or the front office.