



Parental Permission Statement For Student Volunteers

I give permission for my son/daughter to participate in the NEISD Partners in Education Program. I understand that my son/daughter will be expected to follow the standards established for all members of this volunteer program.

NEISD will perform a criminal background check for each student. The results may be made available to the sponsoring teacher of your child's program.

Name of Volunteer: _____

Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip Code: _____

Phone (home) _____

(work) _____

Parent/Guardian Signature

Date

My time and services will be donated willingly and without outside influence, whether real or imagined, and without any compensation from NEISD.

Student Signature

Date

School: _____