

Date: \_\_\_\_\_

**Big Brothers Big Sisters "A.I.M./High Five" Program**

*"Please return form to the school office"*

**ELEMENTARY SCHOOL STUDENT APPLICATION**

Referring Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Allergies \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Names and Ages of Other Children in your Family \_\_\_\_\_

**PARENT UNDERSTANDING AND AGREEMENT  
FOR ELEMENTARY SCHOOL CHILD**

My child, \_\_\_\_\_ has been chosen to participate in the Big Brothers Big Sisters Lunch time A.I.M./High Five Program at their Elementary School. My child will be meeting each week, at the school, with their partner from the High School or an Adult from the business community. Together they will eat lunch, chat, become friends and work on a key area related to academic success.

By my signature below, I agree to the following:

- To allow my child to participate in the lunch time A.I.M./High Five Program.
- To share with my child's teacher any family/student information relevant to the A.I.M./High Five partner meeting and talking with my child.
- I give permission for release of information concerning the well being, academic progress and behavior of my child to BBBS personnel/A.I.M./High Five partner.
- To be responsible for my child's lunch account on A.I.M./High Five days.
- To allow my child to share activities with the A.I.M./High Five partner only in the school setting.
- To notify the elementary school if my child is absent on the day he/she meets with the A.I.M./High Five partner.
- To fill out the forms necessary for Big Brothers to evaluate the lunch time A.I.M./High Five Program and improve it for future participants.

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

**PUBLICATION RELEASE FORM**

In consideration for allowing my child to be enrolled in the Big Brothers/Big Sisters, program, I agree to allow Big Brothers Big Sisters of Decatur County, Inc. to use my child's photograph(s) and a brief description(s) of him/her for recruitment or public relations efforts in any way they deem necessary without remuneration or compensation and hereby release Big Brothers Big Sisters of Decatur County, Inc, from any and all liability, known or unknown in connection with the use of such photograph(s) and brief description(s)

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

*For Questions contact Big Brothers Big Sisters of Decatur County at 663-7556 or send an E-mail to [bev@bbbsgreensburg.org](mailto:bev@bbbsgreensburg.org).*