



## Rites of Passage Academy | *Letter of Intent*

This Letter of Intent confirms the intention of my child, \_\_\_\_\_ to participate in the Rites of Passage Program (ROP).

As a parent, I will ensure that my child complies with the mission, goals, dress code and attendance policy as well as the code of conduct. I understand that violations of the above will endanger my sons continued participation in this program. In addition, I as the above mentioned child's parent or guardian will commit to working together with the 100 Black Men of South Metro, Inc. in achieving the mission/goals and agree to work together to seek and adopt additional opportunities that may further advance the Rites of Passage and the success of my child.

Mentee Name: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Alternate: ( ) \_\_\_\_\_

Grade Level (for 2019-20 school year): \_\_\_\_\_ (ex: 10<sup>th</sup>)

School Name (for 2019-20 school year): \_\_\_\_\_

Parents' email address: \_\_\_\_\_

Mentee's email address: \_\_\_\_\_

Mentee's cell phone number: \_\_\_\_\_

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

Parent/Guardian