

PHPS MENTORSHIP PROGRAM

Parent/Guardian Permission Form

(For Students Under 18)

Please allow 7–10 business days for processing.

The program is limited to 5 applicants per month.

Student Information:

- Student Name: _____
- Age: _____

Parent/Guardian Information:

- Name: _____
- Email: _____
- Phone (optional): _____

Program Description:

The PHPS Writing Mentorship Program provides writing guidance, feedback, and educational support.

All communication between PHPS and the student will occur exclusively via email for safety.

Parent/Guardian Consent:

I understand and agree that:

- My child will participate in a writing mentorship program.
- My child may submit original work for educational feedback.
- PHPS will communicate only through official email.
- No personal social media or private messaging will be used.
- My child retains full ownership of their creative work.
- Processing time for applications is 7–10 business days.
- Acceptance is not guaranteed; PHPS limits participation to 5 students per month.

Signatures:

Parent/Guardian Signature: _____ Date: _____

Student Signature (optional): _____ Date: _____

Contact:

For questions or submissions, email: authorsguildphps@gmail.com