

Student Mentor Request Form

(Student)

Name _____

Grade 11th 12th

Date _____

Period Available _____

Circle: 1st sem. 2nd sem All Year

Classroom/Teacher Requested _____

Reasons why you would be a good mentor _____

Student Signature _____

Parent Signature _____

*If at anytime you receive disciplinary action in school or while participating in extracurricular activities you could face removal from your classroom assignment.

GPA _____

Passed all 5 OGT or 16 pts or more on EOC tests

Yes No

Teacher Assigned _____

Principal Signature _____

Director of Student Services Signature _____