

MEN IN EDUCATION

Mentee Registration Form

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DOB: _____ SCHOOL: _____

FAVORITE SUBJECTS _____

ACTIVITIES/CLUBS/SPORTS: _____

PARENT(S) INFORMATION

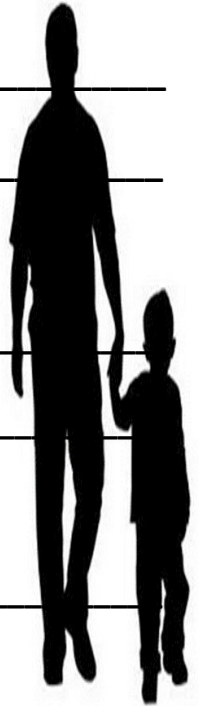
NAME: _____

PHONE: _____ EMAIL: _____

PERMISSION GRANTED TO PARTICIPATE _____ YES _____ NO

AREAS OF CONCERN _____

HOW CAN WE HELP



Parent or Guardian

Date