



Garland Area Alliance of Black School Educators MENTEE APPLICATION

STUDENT INFORMATION

Student Last Name Student First Name MI (MALE/FEMALE)

Student Grade School T-Shirt Size (S, M, L, XL, 2XL, 3XL, 4XL)

Student Cell Number Student Email Address Social Media Handles (Twitter/Instagram/etc.)

What are your interests: _____

What if any school/community activities do you currently participate in? _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name Parent/Guardian First Name MI

Relationship to Student

Home Address City State Zip

Phone E-Mail Address

How did you hear about the GAABSE Mentoring Program(s)? _____

EMERGENCY CONTACT

In case of an emergency I authorize GAABSE to contact the following person if parent/guardian cannot be reached.

Emergency Contact Last Name Emergency Contact First Name MI

Relationship to Student Cell Phone Number

PARENT/GUARDIAN SIGNATURE FOR PARTICIPATION

I give my student permission to participate in the Garland Area Alliance of Black School Educators mentoring program.

Parent/Guardian Signature *(Signature required)* Date