



# Mentee Student Application

**Student's Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Teacher \_\_\_\_\_ Current Grade \_\_\_\_\_ Birthday \_\_\_\_\_ Male Female  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Unisex T-Shirt Size Youth XS S M L XL

**For the student, why do you want to be part of this program?**

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**Parent's Information:** Please provide phone numbers where you can be reached in case of an emergency.

Mother's First Name \_\_\_\_\_ Mother's Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
 Preferred method of contact \_\_\_\_\_  
 Father's First Name \_\_\_\_\_ Father's Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
 Preferred method of contact \_\_\_\_\_

**Why do you want your child to be part of this program?**

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**For the student, please tell us a little about yourself, so we can match you with a great mentor.**

What are your favorite hobbies or activities?  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a favorite sport?  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a favorite subject in school?  
 \_\_\_\_\_  
 Have you participated in the program previously? \_\_\_\_ Yes \_\_\_\_ No

## PARENTAL CONSENT FORM

**Photography and Video Release**

I give permission for iMatter for Kids and Southwest Detroit Community School to use video tapes and/or photographs of my child taken during the program in your marketing materials and/or to highlight my child in newsletters, emails, and social media. \_\_\_\_ Yes \_\_\_\_ No (please initial)

**Session Attendance**

It is expected that students and parents will attend every scheduled session. There are 9 sessions for students, 4 sessions for parents. Please circle any dates your child as well as you cannot attend.

*Student Session Dates: March 9, March 16, March 23, March 30, April 13, April 20, April 27, May 4, and May 11 from 4-5 p.m.*

*Family Workshop Dates: March 16, March 30, April 20, and April 27 from 5-6 p.m.*

**Student Information**

I give permission for (insert school) to provide iMatter for kids with information about my student to best match him/her with a mentor and support him/her throughout the program. \_\_\_\_ Yes \_\_\_\_ No (please initial)

**Are there any special circumstances we should be aware of to best serve your child?**

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I understand that to support my child's participation in iMatter for Kids there is a \$25 materials fee. \_\_\_\_ (please initial)

In signing this form, I waive all liability from iMatter for Kids, Southwest Detroit Community School, and the Mentor. I give permission for my son's/daughter's mentor to send letters to our home via US Mail.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please return this application with payment by March 1 to your child's teacher marked "iMatter for Kids"**