Kell High School
Student Mentorship Program Application

IMPORTANT: This is an application to join the Student Mentorship Program. <u>It does not guarantee acceptance</u>. The mentorship program is a leadership program. Students applying to join the program *must* conduct themselves accordingly and *must* meet the minimum requirements and standards listed below.

1. Student Information:

Student Name: _____ Student ID/Lunch #: _____

                  First Name   Middle Name   Last Name

2. Minimum Standards & Requirements for Consideration:

☐ Yes   ☐ No   I will be a senior at the beginning of the 2023-2024 school year.

☐ Yes   ☐ No   I have NEVER been in in-school suspension (ISS) or out-of-school suspension (OSS).

☐ Yes   ☐ No   I have good attendance habits AND I have been absent fewer than six (6) days this year (excused or unexcused).

☐ Yes   ☐ No   I am punctual and have been tardy to class/school fewer than nine (9) days this year (excused or unexcused).

☐ Yes   ☐ No   I maintain a grade point average (GPA) of 2.8 or higher AND I am on-track for graduation.

If you answered 'No' for any of the above requirements and standards, provide an explanation below if you feel you should still be considered for the Student Mentorship Program. You may use the back of the form for additional space: _____

_____

_____

List any non-English languages you can speak and/or read: _____

3. Teacher/Administrative References:

You must obtain a minimum of two (2) teacher/administrative recommendations.

Teacher/Administrator Name: _____ Course: _____

Teacher Administrator Signature: _____ Date: ___/___/___

Teacher/Administrator Name: _____ Course: _____

Teacher Administrator Signature: _____ Date: ___/___/___

I agree to abide by the rules and guidelines of the student mentorship program. I also understand that failure to abide by these rules may result in my immediate removal from the program and/or a failing grade for the mentorship course at any time during the semester.

Student Signature: _____ Date: ___/___/___

Parent/Enrolling Adult of Record Signature: _____ Date: ___/___/___