

**Kell High School**  
**Student Mentorship Program Application**  
**2026-2027**

**DUE with elective  
registration sheet by  
Thursday, February  
12, 2026.**

**IMPORTANT:** This is an application to join the Student Mentorship Program. It does not guarantee acceptance. 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. When complete, please submit this to the front office for review.

**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 junior or senior at the beginning of the 2026-2027 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 signatures in support of your acceptance.*

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: \_\_\_\_/\_\_\_\_/\_\_\_\_