ASHLAND HIGH SCHOOL
GUIDANCE DEPARTMENT

ELEMENTARY MENTORING APPLICATION

NAME_____
(Last) (First) (Middle)

ADDRESS_____

TELEPHONE_____AGE_____GRADE_____

Future plans

Why do you desire to be placed in the Elementary Mentoring Program?

Give two possible schools and grade levels you would like to be placed.

School _____ Grade Level _____

School _____ Grade Level _____

**Students who have not taken Career Seminar are not eligible for this class.

This year's courses and grades: Courses Grades

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

My attendance and tardiness is: ☐ outstanding ☐ above average ☐ average ☐ poor

I will ☐ will not ☐ have a car for transportation.

_____has my permission to participate in the Elementary Mentoring Program at Ashland High School.

_____ Date_____
Parent's signature