MENTEE / STUDENT

Start Date:_____School _____

School #:_____Teachers:_____

Session Time / Day:_____ Coordinator:_____

Name:_____ Grade:_____

Age:_____Birthday:_____

Who do you live with?_____

_____

Where were you born?_____

What is your favorite subject?_____

Do you have any pets?_____

Favorite things / Food?_____

Allergies:_____Hobbies / Games:_____

_____Music:_____

Books:_____Movies / T.V. Shows:_____

Sports:_____

Additional Notes:_____

_____

_____