

**Student Registration Form  
in  
The Be A Mentor Program**

**Name:** \_\_\_\_\_  
**Street:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zipcode:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Student's School ID:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_  
**Gender:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Ethnicity:** \_\_\_\_\_  
**Language:** \_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**Coordinator Name:** \_\_\_\_\_