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| **Mentor Contact Details and Class Arrangements** |
| Mentor Name: |
| Phone Number: |
| Email: |
| Contact Details are optional for privacy reasons, as this information could be on display in the classroom. However please note your School Co-Ordinator, Principal or front office will need these details to contact you. |
| Student’s Name | Class: |
| Day: | Time: | Year Level: |
| Teacher: |
| Mentoring Location: |
| Whenever possible please let me know it the program will not operate (student absence, eg Camp, Swimming Carnival.If I do arrive and my student is not available perhaps another student as a backup might be arranged |
| **Mentor to Complete this form and give it to the class teacher.**  |