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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.** | | |