



P.O Box 590274 - Ft. Lauderdale, FL 33359

MENTEE RENEWAL FORM

Full Name of Applicant \_\_\_\_\_

First Middle Last

Preferred Name \_\_\_\_\_ Student Id # (if known) \_\_\_\_\_

Home Address \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Email \_\_\_\_\_ Beginning \_\_\_\_\_

Month Year

Social Media (Facebook/Twitter/Instagram/Snapchat): \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Principal Name \_\_\_\_\_ Counselor's Name \_\_\_\_\_

Father/Stepfather/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address if different from Applicant's \_\_\_\_\_

Occupation \_\_\_\_\_ Position/Title \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mother/Stepmother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address if different from Applicant's \_\_\_\_\_

Occupation \_\_\_\_\_ Position/Title \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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