

## MENTEE Registration Form

			DATE OF REGISTRATION
PERSONAL IN	IFORMATION		
Full Name:			
Nickname:		Date of Birth:	
Email:		Phone:	
Gender:	Male Female	Student ID:	
ADDRESS			
Present Address:			
City:		State:	
Zip Code:		County:	
Phone:		Email:	
SCHOOL Name:			
Address:			
City:		Zip Cod:	
Current Grade:		Guidance Name:	
PARENT / GU	JARDIAN		
Present Address:			
City:		Zip Code:	
Phone:		Email:	
			THANK YOU

Phone: (754)551-5459 Address: P.O Box 590274 Email: info@jewelsfoundation.org

Parent/Guardian Signature

Fort Lauderdale, FL 33359

FOR REGISTRATION