



___ Breckenridge ISD #846
 ___ Campbell-Tintah #852
 ___ Fairmount ISD #18
 ___ Wahpeton ISD #37

Student Application

(PLEASE PRINT & COMPLETE FULLY)

Student Last Name: _____ Student First Name: _____

Birthdate ____/____/____ Grade this year _____ Teacher this year _____

Street Address: _____ Email address: _____

City: _____ State: _____ Zip Code: _____ Phone: () _____

Child's brothers and sisters names and ages: _____

I agree to be supportive of the relationship and to encourage my child's school attendance. I will let Kinship staff know of any concerns I have regarding the mentoring relationship.

Parent/Guardian Signature: _____ **Date** _____

Also, I understand that my child's picture/video may be taken in the school mentoring program. I give Kinship permission to use my child's picture/video for program promotional purposes in print or on social media.

Parent/Guardian Signature: _____ **Date:** _____

Finally, we would appreciate any information you wish to share about your child (personality, hobbies, struggles, etc) which you feel would be helpful for your child's mentor to know. This information will be kept confidential, to be shared only with the school Lunch Buddies representative, mentor and the Kinship staff member. Thank You!
