# ACE Mentor Program of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 201\_\_-201\_\_ School Registration Form

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| School Information |
| Name: |  |  |
|  |
| Street Address: |
| City: | State: | ZIP Code: |
| Principal: | Telephone Number: |
| Email: |  |
| School Contact Person(If other than Principal) |
| School Contact Person: | Title/Position: | Telephone Number: |
| Email: |  |
| ACE Mentor Program Expectations of Participating School and School Contact |
| 1. The participating school will be asked to distribute the ACE Mentor Program materials to interested students.
2. The participating school will be asked to add the ACE Mentor Program to their list of after school programs.
3. The participating school will assist in the recruitment and selection of appropriate students who are in good standing with the school.
4. The participating school will, if needed, assist students with online registration.
5. The participating school will provide the name of a contact person who will be able to communicate program information to the students regarding meeting reminders, schedule changes, etc. The contact person should also periodically review the student’s standing at the school.
6. The participating school will communicate any issues regarding a student to the team leader.
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**Please complete and return this form to the ACE Mentor Program**

**email (****\_\_\_\_\_\_\_\_****).**