



# Graduation Project Mentor Approval Form

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**Contact Information:**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Mentor's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*As the parent/guardian of \_\_\_\_\_, I understand that his/her selection of an adult mentor should be approved by me. I understand that the Rowan-Salisbury School System is not responsible for checking the background of the individual I approve.*

I understand that the Rowan-Salisbury School System will not be held responsible for the selection of my child's mentor. I understand it is my responsibility to approve my child's mentor.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please Print:

Parent/Guardian Name: \_\_\_\_\_

*In compliance with federal law, the Rowan-Salisbury School System administers all educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability, or gender, except where exemption is appropriate and allowed by law.*