

# Permission Slip

(please mail back to:

Attn: bmarks

Highland Regional High School

450 Erial Road,

Blackwood, NJ 08012

Or email back to [bmarks@bhprsd.org](mailto:bmarks@bhprsd.org))

## Parental Consent:

I give permission for my child

\_\_\_\_\_ to participate in  
the student-to-student mentor programing.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
Date

## Student Agreement:

I \_\_\_\_\_ agree  
to participate in the student-to-student mentor  
program.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
Date

**Mentee Questionnaire – Please return to Beth Marks (bmarks@bhprsd.org)**

Name: \_\_\_\_\_

1. What are your favorite hobbies?
2. What sports do you like to play and what sports activities do you plan on joining at Highland?
3. What school subject do you like the most and why?
4. What school subject do you feel like you need the most help in?
5. List your favorite foods.
6. List your favorite books, television shows, and/or movies.

\*Provide any other interesting tidbits about yourself that you feel will assist in the process of assigning you a mentor.