



## Sapphyre Strings Mentoring Program

### Enrollment Form for Students

This form is to be turned in to the Program Director prior to the beginning of the semester.

Name of your child: \_\_\_\_\_

With which Mentor would you like to work?

Chelsea Wang

Vivian Xu

Jada Kline

no preference

In what intervals will you be scheduling lessons with the Mentor?

once a week

once every other week

other (please elaborate):

Length of the lessons with the Mentor:

15 minutes

30 minutes

Starting date: \_\_\_\_\_

I (Parent) have read the description of the Mentorship program and agree to abide by its guidelines.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher approval: \_\_\_\_\_ Date: \_\_\_\_\_