



Partnership *for a*
Drug Free
DeKalb County



Mentor Assignment

Please Fill Out Completely

Name: _____

Date Trained: ___/___/___

School: _____

Student: _____

Date mentor is assigned to student: ___/___/___

Grade: ___ Race: ___ Age: ___ Gender: ___

S.C.P.: _____

Date: ___/___/___