

Rose Hill Early Childhood Peer Model Application
(Deadline for application is March 1st)

Student Name _____

Birthday _____ male _____ female _____

Parent Name(s) _____

Address _____

Email Address _____

Phone # _____
Daytime _____ Evening _____ Cell _____

Siblings (Names and Ages) _____

Any known allergies _____

Please Note: Resident students will be given priority and will be considered for mentor positions initially. Out of District students will be considered for mentor slots if qualified resident students are not available to fill the mentor positions. Parents of out of district students will need to complete an Out of District Waiver.

I understand this is a voluntary program and my child may be dismissed at any time.

I understand my child will be rescreened if interested in more than one year of being a peer model.

Parent signature

Date