



**Kukui Malamalama
Mentoring Kaua`i's Children
PARENT/YOUTH INQUIRY RECORD**

Date of Inquiry: _____

**Parent's
Name:** _____

Son's/Daughter's Name: _____ **Age:** _____

Address: _____

City: _____ **County:** _____ **State:** _____

Zip: _____

Home Phone: _____ **Work Phone:** _____ **Cell:**

Email: _____

Son's/Daughter's School: _____ **Grade:** _____

What is the primary reason for you wanting your son/daughter to have a mentor?

Do you feel your son or daughter has any conditions that will affect him or her relating to a mentor? If yes, briefly explain.

When and where would it be most convenient to talk with you and your son or daughter so that we can start going to get them matched?

Interview Date: _____ **Time:** _____ **Location:**

Enrollment Staff Assigned: _____

Staff Taking Inquiry: _____

Comments:
