

Child-to-Child Student Application

Name: _____

Grade: _____

Your teacher's name: _____

1) Why do you want to be a part of the Child-to-Child group?

2) Some activities I helped with (at school, home or elsewhere) are...

3) What do you think Child-to-Child can do for your school?

Applicant's Signature: _____

Teacher Reference Please have a teacher complete this part.

I think _____ would be a good participant of the Child-to-Child process because...

Teacher's signature: _____