SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH
CARDIFF/ENCINITAS STUDY BUDDY PROGRAMS - FALL 2008

Check any of the STUDY BUDDY Programs and **any of the days** in which you are interested.

Ada Harris	Capri	I do not have a fourth period class and
___Monday	___Wednesday	am interested in being a STUDY BUDDY
3:20 - 4:20	3:30 - 4:30	at another school.
		(A STUDY BUDDY director will call you.)

_____ _____ _____

NAME (Please print in **dark ink** ONLY) HOME PHONE CELL/ALTERNATE PHONE

_____ _____

ADDRESS (including CITY AND ZIP CODE) EMAIL ADDRESS

_____ _____ _____ _____

HIGH SCHOOL CLASS OF 09, 10, 11, 12 DATE OF BIRTH MALE/FEMALE

Have you participated as a TEEN in San Dieguito Alliance's STUDY BUDDY Program? Yes__ No___ School_____

Do you prefer your Buddy to be Boy_____ Girl_____ Grades 2,3_____ Grades 4,5,6_____

Do you speak a second language? Yes____ No_____ If so, which one_____

What are your favorite school subjects, sports and other interests? Mention any experience working with children.

_____

_____

WITHOUT THE 3 REQUIRED SIGNATURES, YOUR APPLICATION WILL BE RETURNED TO YOU.

By signing, I am committed to

- model an alcohol, tobacco and other drug free lifestyle
- exemplify a positive role model for children
- demonstrate respect for academic scholarship
- attend the **mandatory orientation and ALL 6/7 sessions** of the STUDY BUDDY Program

_____(Student signature)

By signing, I recognize my teen's participation in the program and their pledge to be alcohol, tobacco and other drug free.

_____(Parent signature)_____(Phone)

By signing, I recommend this student for the STUDY BUDDY Program.

_____(Counselor or Teacher signature)

APPLICATION DEADLINE: FRIDAY, SEPTEMBER 26, 2008

DROP at Counselor's Office or
FAX to San Dieguito Alliance, (760) 943-1165

Questions: Diane Grace, STUDY BUDDY Program Director
(760)943-1164 or SDAlliance4@aol.com

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