

Lighthouse Preparatory Academy

A+ Program Mentoring Hours

Student Name _____ Mentoring Location(s) _____

Supervisor(s) _____ Expected Graduation Year: _____

Please print & attach additional pages as needed.

Date	Time in/out	Time spent	Supervisor Signature
			Total number of hours (this page only)

_____ = Total number of hours from all pages.

Approved by A+ Coordinator: _____ Date Submitted : _____