



Nipisihkopakwiyiniw Trust Fund

APPLICATION FOR TUTORING

STUDENT INFORMATION:

BAND #444.0 _____

STUDENT'S LEGAL SURNAME: _____

STUDENT'S GIVEN NAME: _____

MIDDLE INITIAL: _____ DATE OF BIRTH: _____ / _____ / _____
DAY MONTH YEAR

ADDRESS:

TELEPHONE: () _____

OTHER #: _____

NAME OF SCHOOL:

LOCATION:

PHONE #:

FAX #

FIRST PARENT OR LEGAL GUARDIAN (IF MINOR, UNDER 18 YEARS OLD)

SURNAME: _____

FIRST NAME: _____

RELATIONSHIP WITH STUDENT: _____

ADDRESS OF FIRST PARENT OR LEGAL GUARDIAN'S (If different from student)

HOME PHONE:

BUSINESS PHONE:

AS A PARENT, ARE YOU AWARE OF YOUR CHILD'S NEED FOR TUTORING? Y N

ARE YOU SUPPORTIVE IN YOUR CHILD'S TUTORING SCHEDULE? Y N
IF NO, WHAT SOURCES WOULD ENABLE YOU TO SUPPORT? PLEASE EXPLAIN.

Eg. Lack of transportation or have to work evenings.

WE REQUIRE THE FOLLOWING TO ACCOMPANY YOUR APPLICATION:

CURRENT TRANSCRIPT OR REPORT CARD _____
TERM MARK TO INDICATE GRADE OR DOCUMENT FROM SCHOOL _____
PROOF OF CORE SUBJECT OR PRE-REQUISITE COURSE _____
CONTRACT BETWEEN TUTOROR & STUDENT _____
SIGNED AGREEMENT TO INDICATE VARIANCE IN GRADE _____

PARENT SIGNATURE

DATE

STUDENT'S SIGNATURE

DATE

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