

Nipisihkopahk Iyinisiwin Trust Fund

APPLICATION FOR TUTORING

STUDENT INFORMAT	TION: BAND #444.0
STUDENT'S LEGAL SU	JRNAME:
STUDENT'S GIVEN NA	AME:
MIDDLE INITIAL:	DATE OF BIRTH://
	DAY MONTH YEAR
ADDRESS:	
ADDRESS.	
TELEPHONE: ()_	OTHER #:
NAME OF SCHOOL:	
LOCATION:	
LOCATION.	
PHONE #:	FAX#
THORIE II.	T T T T T T T T T T T T T T T T T T T
FIRST PARENT OR LEC	GAL GUARDIAN (IF MINOR, UNDER 18 YEARS OLD)
SURNAME:	
FIRST NAME:	
RELATIONSHIP WITH	
ADDRESS OF FIRST PA	ARENT 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' IF NO, WHAT SOURCES WOUD ENABLE	
Eg. Lack of transportation or have to work eve	enings.
WE REQUIRE THE FOLLOWING TO CURRENT TRANSCRIPT OR REPORT OF TERM MARK TO INDICATE GRADE OF PROOF OF CORE SUBJECT OR PRE-RE CONTRACT BETWEEN TUTOROR & ST SIGNED AGREEMENT TO INDICATE V.	R DOCUMENT FROM SCHOOL
PARENT SIGNATURE	DATE
STUDENT'S SIGNATURE	DATE

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