



## WFN TUTORING APPLICATION

Education Services: 1900 Quail Lane, Westbank, BC V4T 2H3  
P: 250-768-0227 F: 250-768-0528

### Westside Tutoring

CHILD'S PERSONAL INFORMATION:					
<b>Applicant Name:</b>					
<b>School Attending:</b>			<b>Grade:</b>		
<b>Birthdate:</b> (MM/DD/YYYY)				<b>Status Number:</b>	
PARENT/GUARDIAN INFORMATION:					
<b>Full Name(s):</b>					
<b>Mailing Address:</b>					
<b>City:</b>		<b>Province:</b>		<b>Postal Code:</b>	
<b>Phone:</b>		<b>Email:</b>			
TUTORING INFORMATION:					
<b>Type of Support or Assessment your child has received:</b>					
<input type="checkbox"/> Independent Education Plan (IEP)		<input type="checkbox"/> Psych-Ed Assessment			
<input type="checkbox"/> Independent Behaviour Plan (IBP)		<input type="checkbox"/> Learning Assistant (LA)			
<input type="checkbox"/> Certified Education Assistant (CEA)		<input type="checkbox"/> Afterschool Homework Club			
<input type="checkbox"/> Other:					
<b>Duration of Tutoring Support Requested:</b>					
<input type="checkbox"/> Full School Year		<input type="checkbox"/> Semester (Fall/Winter): _____		<input type="checkbox"/> Final Exam Prep	
PARENT CONSENT:					
By signing below, I agree that I will ensure my child will attend, and not be late for the scheduled tutoring sessions that are agreed upon with the tutoring agency.					
I understand that it is my responsibility to advise the tutoring agency in writing of any schedule changes. I also recognize that if I do not fulfil the requirements set out by Westbank First Nation, financial support for tutoring will be suspended.					
<b>Parent Signature:</b>				<b>Date:</b>	
EDUCATION SERVICES OFFICE USE ONLY:					
<input type="checkbox"/> Approved		<b>Authorized by Denise Clough, Education Services Manager</b>			
<input type="checkbox"/> Not Approved					
<input type="checkbox"/> Waitlist		<b>Signature:</b>		<b>Date:</b>	
TUTORING AGENCY OFFICE:					
<input type="checkbox"/> Missed 3 Consecutive Sessions		<input type="checkbox"/> SOI Testing Request			
<input type="checkbox"/> SOI Support Request		<input type="checkbox"/> Career Analysis			
<input type="checkbox"/> Other: _____					
<b>Recommendations:</b>					
_____					
_____					
_____					
_____					
<b>Approved by:</b>					
<b>Signature:</b>				<b>Date:</b>	

*Community. Leadership. Pride.*