

# 3Sixty Education - Tutoring Form



## STUDENT CONTACT INFORMATION

First Name  Last Name

Address

City/Province  Postal Code

Date of Birth   
Month                  Day                  Year

Check One:  Male  Female  Other: \_\_\_\_\_

## Parent 1 Contact Info

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_  
Home \_\_\_\_\_  
Cell \_\_\_\_\_

## Parent 2 Contact Info

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_  
Home \_\_\_\_\_  
Cell \_\_\_\_\_

Emergency Contact  Phone

## PLEASE INDICATE YOUR TOP 3 CLASS DAYS AND TIMES

Choice 1: \_\_\_\_\_

Choice 2: \_\_\_\_\_

Choice 3: \_\_\_\_\_

Additional Student Information (Optional):

### Please Note:

- All classes must be paid for in advance.
- Classes can be cancelled with 24 hours notice without penalty.