Victoria Learning Hub

TUTORING & RECREATIONAL PROGRAM (6+)

APPLICATION FORM

Student Name:			
Date of Birth **(mm/dd/yy)**	Grade	Age	Sex
Home Address			
City	Postal Code	Home Phone #	
Mother's Name	Father's Name		
Mobile #	Mobile #		
E-mail	E-mail		
In case of ***EMERGENCY***, the person ***OTHER THAN PARENTS*** we can contact *Name*	Relationship Phone #		
AUTHORIZATION FOR PICKUP *Name*	Relationship Phone #		

Monthly Payment	**Weekly Payment---Day for tutoring/ Individual class**	
☐ All school days service	☐ 4-day (M / T / W / Th / Fr)	Weekdays (Mon-Sat): _____
☐ School bus service	☐ 3-day (M / T / W / Th / Fr)	Subject: _____
School Name: _____	☐ 2-day (M / T / W / Th / Fr)	Preferred time: _____
	☐ 1-day (M / T / W / Th / Fr)	

Top-up programs applied			**Individual programs applied**		
☐ Mandarin	☐ Cantonese	☐ Visual Art	☐ Mandarin	☐ Cantonese	☐ Visual Art
☐ STEM	☐ Computer Aided English	☐ Computer Aided French	☐ STEM	☐ Abacus	☐ Computer Aided English / French

Health Information	
Student's Health Card #	Doctor's Name
Address	Phone #
Special Needs/Allergies. Please state medical diagnosis and treatment if any.	

Parent's/Guardian's Signature: _____ **Date:** _____

For Office Use Only

Date received: _____ **Student #**: _____

Tuition Fee: _____ **STBK**: _____ **Application Fee**: _____

Total: _____ **Cash / Cheque**: _____

Course applied (1) **Fee:**	**Time:**	**Starting Date:** **Date of Withdrawal:**
Course applied (2) **Fee:**	**Time:**	**Starting Date:** **Date of Withdrawal:**
Course applied (3) **Fee:**	**Time:**	**Starting Date:** **Date of Withdrawal:**
Course applied (4) **Fee:**	**Time:**	**Starting Date:** **Date of Withdrawal:**
Course applied (5) **Fee:**	**Time:**	**Starting Date:** **Date of Withdrawal:**
Course applied (6) **Fee:**	**Time:**	**Starting Date:** **Date of Withdrawal:**
Course applied (7) **Fee:**	**Time:**	**Starting Date:** **Date of Withdrawal:**
Course applied (8) **Fee:**	**Time:**	**Starting Date:** **Date of Withdrawal:**

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