

Notabilia Education Centre

Elementary Level - Application Form

Date of Application: _____

Name: _____
(last name) (first name)

Address: _____

City: _____ Postal Code: _____

Telephone No. (Home) _____ (Business) _____

(Fax) _____ (Cell) _____

Date of Birth: _____ Health Card No. _____

Father's Name: _____ Mother's Name: _____

In case of emergency, please contact: _____

Telephone No.: _____

Referred by: Newspaper _____ Friends _____ Other _____

Seeking Tutorial assistance for: _____

Signed By: _____
(Parent or Guardian)

Avaliability

Day
Time
For Centre Use:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

NOTE: Please attach a copy of the student's latest report card of academic grades to this form.