



APPENDIX D

LA RONGE INDIAN BAND POST SECONDARY EDUCATION



Request for Tutorial Assistance

STUDENT NAME:

STUDENT DATE OF BIRTH:

STUDENT PHONE NUMBER:

STUDENT E-MAIL:

CLASS REQUIRING TUTORIAL ASSISTANCE:

TUTOR'S FULL NAME:

MAILING ADDRESS

	Monday	Tuesday	Wednesday	Thursday	Friday
Start time					
End time					

Tutorials will be paid to a maximum of 2 hours per class per week @ \$25.00 per hour.

I declare that all the information provided is true and complete and I make this solemn declaration believing it to be true knowing that it is the same force and effect as if under oath.

Student Signature

Date

Tutor Signature

Date

Post Secondary Office Signature

Date