

# APPLICATION FORM - Homework Club



*Excellence in  
Education*

## Contact Information:

3191 RIVERSIDE AVENUE  
OTTAWA, ONTARIO K1V 8N8  
TEL: (613) 567-1251  
www.ottawatutor.com

Barbara Ryan, *Director*  
Karen Parisien, *Office Manager*

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number:

Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Present School: \_\_\_\_\_

Grade/Year: \_\_\_\_\_

***I have read, understood, and accepted the conditions outlined in the fee schedule, and policies and procedures.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_