

Tutor/Client Matching Form



Date:	Referral from:
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Parent's Full Name:	
Billing Address: <i>(including postal code)</i>	
Tel: (h)	Tel: (o)

Student's Full Name:			
Age:	Grade:	School:	Subject:
Tutorial Language: <input type="checkbox"/> English <input type="checkbox"/> French		Preferred Gender of Tutor: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> None	
Tutorial Location: <input type="checkbox"/> Centre <input type="checkbox"/> Home			

Preferred day and time for tutorial:	
1. Day:	Time:
2. Day:	Time:
3. Day:	Time:

Available/possible tutors to verify:		
1. Tutor name:	LM:	Return:
2. Tutor name:	LM:	Return:
3. Tutor name:	LM:	Return:

Confirmation:		
Day:	Time:	Start Date:
Tutor:	Parent/Student notification & confirmation: <i>(date)</i>	
Number of sessions, date, and time:		
Choose one:	Ongoing <input type="checkbox"/>	Program <input type="checkbox"/>
		One-time <input type="checkbox"/>

Special notes:

<i>For Internal use only</i>			
Administrative fee: <input type="checkbox"/> Yes <input type="checkbox"/> No		Hourly Rate: <input type="checkbox"/> Centre-\$40 <input type="checkbox"/> Home-\$43	
Student file <input type="checkbox"/>	Database <input type="checkbox"/>	Tutor Sheet <input type="checkbox"/>	Invoice # _____ <input type="checkbox"/>