

**EDUCATIONAL HELP CENTRES INC.**

**Head Office:** Lambeth Learning Centre Station  
2386 Main St  
(519) 652-0252 or 1-866-61-TUTOR  
office@educational-help.com

**MAILING ADDRESS:**  
P.O. Box 185, Lambeth  
London, Ontario  
N6P 1P9  
Fax: 519 203-0124

**STUDENT REGISTRATION FORM**

\_\_\_\_\_ Date

Students Last Name First Name Age Grade Gender

\_\_\_\_\_ Invoicing name with titles i.e. Mrs, Miss, Ms Dr.

Address City Postal Code

Home Phone Work Phone Mobile Phone Email Address

**CONFIDENTIAL INFORMATION (if applicable):**

PERMISSION TO COMMUNICATE WITH DAYTIME TEACHERS: YES NO

I LEARNED ABOUT "EDUCATIONAL HELP CENTRES INC." THROUGH:

WORD OF MOUTH YELLOW PAGES NEWSPAPER INTERNET SCHOOL

OTHER EXPLAIN: \_\_\_\_\_

WHERE DID YOU FIND OUR PHONE NUMBER? \_\_\_\_\_

**PAYMENT OPTIONS:**

VISA/MASTERCARD (MUST BE ON FILE EVEN IF YOU CHOOSE ANOTHER PAYMENT OPTION) 100% SECURE

TELEPHONE/INTERNET BANKING MAIL/DELIVERY OF CASH/CHEQUE

**CONTRACTUAL AGREEMENT:**

I understand the terms and conditions as outlined above and will comply with the said terms and conditions.

Parent/Guardian Signature (if student is under 18): \_\_\_\_\_

**ASSIGNED TEACHER(S):** \_\_\_\_\_

Dear Parent or Guardian:

In order to protect both parties from any allegations of impropriety, we require your completion of the Consent form below if an adult is unable to remain with the student in the home or in the office for the duration of the tutoring session. Thank you.

**CONSENT:** \_\_\_\_\_

I am the parent/guardian of  
I am aware that I have the right to be present during the tutoring session, and I have chosen not to be in attendance. Educational Help Centres Inc. has my consent to tutor my child above named without my presence.

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