



## NEW TUTOR REGISTRATION FORM

All fields are required information, please.

Date of Intake \_\_\_\_\_  
yyyy/mm/dd

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female  Other  Prefer not to disclose  
yyyy/mm/dd

Address: \_\_\_\_\_  
Mailing Address City, Province Postal Code

Primary Phone \_\_\_\_\_ Email address: \_\_\_\_\_

Program(s) of interest to you: \_\_\_\_\_

May we add you to our email list to receive our monthly newsletter?  Yes  No

Emergency Contact Person: \_\_\_\_\_ Phone number \_\_\_\_\_

Email address: \_\_\_\_\_

### Highest Level of Education

- |  |  |
|--|--|
| <input type="checkbox"/> High School Graduate    | <input type="checkbox"/> Special Education (IPP, Vocational) |
| <input type="checkbox"/> Some Post-Secondary     | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Post Secondary Graduate |  |

### Canadian Citizenship

- |  |   |
|--|---|
| <input type="checkbox"/> Canadian Citizen            | <input type="checkbox"/> Temporary Foreign Worker |
| <input type="checkbox"/> First Nations, Metis, Inuit | <input type="checkbox"/> Refugee                  |
| <input type="checkbox"/> Permanent Resident          | <input type="checkbox"/> Visitor/Student Visa     |

### How did you hear about the Stettler Learning Centre? (please select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Friend/Family/Co-worker            | <input type="checkbox"/> Trade shows or Farmer's Market  |
| <input type="checkbox"/> Website or online search           | <input type="checkbox"/> Other organization (Please let us know the name and agency of referral) |
| <input type="checkbox"/> Print advertisements or sign       |  |
| <input type="checkbox"/> Walk-in                            |  |
| <input type="checkbox"/> Social Media (Facebook, Instagram) | _____  |