



Student Application Package

Student Information

Date of application _____

Last name _____

First name _____

Address Civic number _____ Apartment _____ Street _____

Municipality _____ Postal Code _____

Phone numbers Home _____ Cell _____ email _____

Date of birth _____ Age _____ Gender Female/Male

Language(s) spoken _____

Emergency Contact _____ Phone _____ Relationship to Student: _____

Education Grade School Level _____ High School Level _____

School _____ address _____ Phone _____

Teacher or contact person _____

What days and times are you available? Mon. \uparrow pm Tue. \uparrow pm Wed. \uparrow pm Thur. \uparrow pm Fri. \uparrow pm Sat. \uparrow am \uparrow pm Sun. \uparrow am \uparrow pm

What subjects are you in need of tutoring? _____

What are your primary and secondary needs in tutoring? _____

What are your educational goals? _____

What are your interests and hobbies? _____

How did you hear of the Epona Integrated Riding Program? _____

Please attach your child's latest report card to this application.

The tutoring session will be held at _____ on these days and times _____

3347 Bd. Des Sources PO. Box 38104 Dollard des Ormeaux QC H9B 3J2

Phone & Fax 514.421.7433 / www.eponafoundation.com



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Parental Contract for tutoring

I, _____ will make a commitment to support my child's academic performance by:

1. Ensuring that my child attend school regularly and on time with all the required materials.
2. Ensuring that my child attends all tutoring sessions regularly and on time with all the required materials.
3. Supporting my child with any home learning activities e.g. the completion of homework.
4. Calling (the Stay in School Coordinator) in advance to explain any short-term absence.
5. Ensuring that my child gets enough sleep and nutrition before school and tutoring sessions.
6. Understanding the effort, time and cost that are involved in the preparation and completion of each tutoring sessions.

I understand the amount of work that the Epona Integrated Riding Foundation puts into supporting my child's education. I will do all that I can to support my child and the staff in their efforts.

I have read the information on this contract and agree to my responsibilities in keeping this contract valid. I agree that a violation of any part of this contract may result in the termination of my child's tutoring sessions.

Parent's Signature

Date



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Student Contract to receive tutoring

I, _____ will make a commitment to achieve my academic goals
by:

(To be completed if student is at appropriate academic level)

1. Attending school regularly and on time with all the required materials.
2. Attending tutoring sessions regularly and on time with all the required materials.
3. Completing all class work and homework assignments.
4. Utilizing the resources available to me; teacher, tutor, library, parent(s.)
5. Asking for help when needed.
6. Following the rules and instructions set by the tutor.
7. Conducting myself in a respectful manner.

I have read the information on this contract and agree to my responsibilities in keeping this contract valid. I agree that a violation of any part of this contract may result in the termination of my tutoring sessions.

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Student's Signature or

Date

Parent's to acknowledge that their child understands the content



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Non Equestrian Student

Consent to Release Information Form

I, _____ authorize _____ to release
(Parent/Legal Guardian) (Name of school)

Information concerning, _____ to Epona Foundation.
(Name of Child)

Signature

Date

I, _____ authorize Epona Foundation to release information concerning,
(Parent/Legal Guardian)

www.eponafoundation.com

_____ to _____
(Name of child) (Name of School)

Signature

Date