

ALF DISTANCE EDUCATION PROGRAM

Registration of Interest

Proposed Student

Student name:

Student age:

Suburb/Town:

State:

School:

Tutoring required in which area:

What would you estimate the student's current standard in this area in terms of Year Level?

Other comments:

Parent/Guardian name:

Email:

Phone:

Booking

Preferred days for session (circle)

Mon | Tue | Wed | Thur | Fri

Preferred times for session (tick):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8am 9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm

Would you prefer a male or female tutor? (circle)

Male | Female | Don't mind

Please complete this form, scan and send to info@aboriginalliteracyfoundation.org or post to:

Aboriginal Literacy Foundation
P.O. Box 315, Flinders Lane
Melbourne, Victoria, 8009

*Please note, it is an operational requirement to have internet access and a computer or tablet with camera and microphone. If it is necessary that sessions take place outside school grounds, please explain in email or letter sent with this form.

