

SIPEKNE'KATIK
522 Church Street
Indian Brook, NS
B0N 1W0

Tel: 902.758.2049
Fax: 902.758.2017



Tutor Application Form

Name: _____

Phone: _____ Cell: _____

Email: _____

Education/Experience: _____

1. Subject/Course Name: _____

2. Subject/Course Name: _____

3. Subject/Course Name: _____

Tutor Signature

Date

References:

1) _____
Name Phone

2) _____
Name Phone

3) _____
Name Phone

SIPEKNE'KATIK
522 Church Street
Indian Brook, NS
B0N 1W0

Tel: 902.758.2049
Fax: 902.758.2017



Tutor Log

Student Name: _____

Tutor Name: _____

Date Submitted: _____

Date	# Hours	Focus of Session
Total		Total Amount \$

- **Rate of pay is \$20.00 per hour/not exceeding 5 hours per week (unless approved by Director of Education)**

My signature indicates the above details are accurate and represent the tutoring that has taken place.

Tutor Signature

Date:

Student /Professor Signature

Date: