



APPLICATION FORM

macbridgeacademy@gmail.com || (289) 698-9673

Student Section

Full Name: _____
Address: _____ Apt/House: _____
City: _____ Postal Code: _____

Parent/Guardian Section

Parent/Guardian 1: _____
Email: _____ Phone: _____
Address: _____ Apt/House: _____
City: _____ Postal Code: _____
Parent/Guardian 2: _____
Email: _____ Phone: _____
Address: _____ Apt/House: _____
City: _____ Postal Code: _____

School Information

School Name: _____ School Address: _____
City: _____ Postal Code: _____

Student Information

Grade: _____
Check the boxes for the course(s) you need help with: Math Physics Chemistry Science English/French Other
Provide a brief explanation of the difficulties you face in the selected course(s): _____

Schedule Section

Students will attend for **two (2) hours per week**.
Please check two (2) days and hour:
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Weekdays: 3:30PM - 4:30PM 4:30PM - 5:30PM 5:30PM - 6:30PM 6:30PM - 7:30PM
Saturday/Sunday: 11:30AM - 12:30PM 12:30PM - 1:30PM 1:30PM - 2:30PM 2:30PM - 3:30PM 3:30PM - 4:30PM

Payment Section

Per Month: \$ _____
Payment Method: Cash Cheque Debit/Credit
Note: First month payment required on form submission day. Afterwards, payment is due on the last class of each month. Please bring a piece of identification for the student and the parent during form submission. Identification can include Passport, PR Card, License, and Health Card (if 16+). Tuition fee may change at any time. Student must adhere to all GTA regulations.

Where did you hear about us? _____
Note: Siblings get **10%** discount. Referrals get 20% off for both students for the first month.

Parent Signature: _____ Date: _____

OFFICE USE

Student's Group: _____
Signature of Authority: _____ Date: _____