



## 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](http://www.eponafoundation.com)



## Student Application Package

### 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



## Student Application Package

Phone & Fax 514.421.7433 / [www.eponafoundation.com](http://www.eponafoundation.com)

### 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.

[www.eponafoundation.com](http://www.eponafoundation.com)

\_\_\_\_\_  
Student's Signature or

\_\_\_\_\_  
Date

Parent's to acknowledge that their child understands the content



# Student Application Package

3347 Bd. Des Sources P.O. Box 38104 Dollard des Ormeaux QC H9B 3J2  
Phone & Fax 514.421.7433 / www.eponafoundation.com

## 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