

HOM E TUTORING SERVICES

Application for Fee

This is an invoice to be completed for payment of home tutoring services

A. Conditions

- 1. A separate invoice is required for each month
- 2. Original invoice is required for payment. (Fax copy will not be processed).
- 3. Tutor must be a certified teacher
- 4. Maximum payment for services will be \$250.00

B. General Information

Student Name: _____

School Name: _____

Phone No. (School) _____

For EI Purposes, the exact dates worked and the number of hours worked on each day must be specified separately and forwarded to the Division of Student Support Services at the end of each month.

Example: December 1 3 hours

Month: _____

Days of the Month:

1 _____ 7 _____ 13 _____ 19 _____ 25 _____ 31 _____

2 _____ 8 _____ 14 _____ 20 _____ 26 _____

3 _____ 9 _____ 15 _____ 21 _____ 27 _____

4 _____ 10 _____ 16 _____ 22 _____ 28 _____

5 _____ 11 _____ 17 _____ 23 _____ 29 _____

6 _____ 12 _____ 18 _____ 24 _____ 30 _____

Teacher: _____ D.O.B _____

Teaching Certificate Level: _____ S.I.N. _____

Marital Status: _____ Phone No. _____

Address (include postal code): _____

C. Authorization

This is to certify that home tutoring services were provided as outlined above.

Principal's Signature Date

Send to, Director

Division of Student Support Services, Department of Education

P. O. Box 8700, St. John's, NF A1B 4J6