

# e-learning Centre

Edutainment to the Max!

## REGISTRATION FORM

Name of Pupil: .....

School: .....

Age: ..... Class: .....

Name of Parent: .....

Interests: .....

Strengths: .....

Areas of Improvement: .....

Tel. No: Ofc: ..... Mob: ..... Res: .....

Email: .....

## TUTORIAL ARRANGEMENTS

Days of the Week	Time	Duration

## COMMENTS:

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