



# Foothills Academy

745 - 37 Street N.W.  
Calgary, Alberta Canada  
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## Estelle Seibens Community Services **PROGRAM INFORMATION REQUEST**

Contact Name: \_\_\_\_\_ Date of inquiry: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Numbers - Residence: \_\_\_\_\_ Business: \_\_\_\_\_  
Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
email: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year  
 M  F Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

AREAS OF DIFFICULTY:  Reading  Spelling  Comprehension  Writing  Math Basic Facts

### PROGRAM INFORMATION REQUESTED:

Sept. - June:  Educational Assessment  Chisanbop Math Summer:  Intensive 75 hr. program  
 Intensive 75 hr. program  Saturday Tutoring  One week camp

### FOR OFFICE USE ONLY - DO NOT COMPLETE

Date request received: \_\_\_\_\_ Staff contact: \_\_\_\_\_

Date **Information Package** sent: \_\_\_\_\_ By: \_\_\_\_\_

Application Package requested:  yes  no

Date **Application Package** sent: \_\_\_\_\_ By: \_\_\_\_\_

**FOLLOW-UP NOTES:** \_\_\_\_\_

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