

Intake date: _____

Student's File Synopsis

Name: _____
 Address: _____
 Home: (____) _____ Work: (____) _____ Other: (____) _____
 E-mail: _____

Match date: _____ Matched with: _____ Location: _____ n: _____ Day/time: _____	<input type="checkbox"/> Issued membership card <input type="checkbox"/> Has current membership -----
	Date match ended: _____

Match date: _____ Matched with: _____ Location: _____ n: _____ Day/time: _____	<input type="checkbox"/> Issued membership card <input type="checkbox"/> Has current membership -----
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	Date match ended: _____

Match date: _____ Matched with: _____ Location: _____ n: _____ Day/time: _____	<input type="checkbox"/> Issued membership card <input type="checkbox"/> Has current membership -----
	Date match ended: _____

Notes/comments:



3200 Souvenir Road, Chomedey, Laval, Quebec. H7V 1W9
Tel: (450) 688-2933 ext. 3126 Fax: (450) 688-8125

Intake date:

tle_literacy@yahoo.ca
