Independent Contractor Information

Full Name _____

Address _____

City, Province _____

Postal Code _____

Phone _____

Email _____

CLASS SESSION

- ☐ SSAT Condensed
- ☐ SSAT Prep Plus
- ☐ SAT
- ☐ PrepEssentials
- ☐ Other _____

Class information

For the period ending _____

Total hours _____
(actual teaching time)

Independent Contractor Signature _____

Location: _____

Dates: _____

Times: _____

Midterm Sim Date _____

Final Sim Date _____

R & I Date _____

prepskills®

2657 Yonge Street
Toronto, Ontario M4P 2J6
Phone: 416.200.7728

Email: info@prepskills.com

FOR OFFICE USE

Issued Chq # _____

Date: _____

Rate: $ _____

Amount: $ _____

STUDENT Last, First Name	Current Grade	CLIENT: PARENT INITIALS									
		DAY 1 (DD/MM/YY)	DAY 2 (DD/MM/YY)	DAY 3 (DD/MM/YY)	DAY 4 (DD/MM/YY)	DAY 5 (DD/MM/YY)	DAY 6 (DD/MM/YY)	DAY 7 (DD/MM/YY)	DAY 8 (DD/MM/YY)	DAY 9 (DD/MM/YY)	DAY 10 (DD/MM/YY)