**INSTRUCTIONS: To register for A Math Course(s) or join the Math Ministry fill out and email this form to** [**maths123tt@gmail.com**](mailto:maths123tt@gmail.com)

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| **STUDENT INFORMATION:** | |
| First Name: |  |
| Last Name |  |
| Email address: |  |
| Age: Gender: Tel No.  School (if applicable):  Class/Form (if applicable):  Country: | |
| **I would like to: Mark with ‘X.’**  **( ) Register for Math Course(s)**  **( ) Become A Member**  **( ) Both Register and Become A Member of The Math Ministry** | |

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| **\*PARENT/GUARDIAN/MEMBER INFORMATION**  *(Should be completed by a parent/guardian for any student under 18 years old)* | |
| **Last Name:** | **First Name:** |
| Relationship to Student (If applicable):  My Profession/Job:  Tel. No. :  Age : ( ) 60+ ( ) 50 – 59 ( ) 40 – 49 ( ) 30 – 39 ( ) 20 – 29 ( ) Below 20 | |
| Address: | |
| COUNTRY: E-mail: | |

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| **CHOOSE ONLINE MATH COURSE ( PUT ‘X’ IN BRACKET) (If Applicable)** |
| ( ) CSEC REVISION Q & A COURSE  ( ) BIBLE MATH SHORT COURSE(S): |

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| **MATH ABILITY. How do you rate your Math Ability?**  **( ) 90 – 100: Excellent ( ) 80 - 89 Very Good ( ) 70 – 79 Good**  **( ) 60 – 69: Fair ( ) 50-59 Satisfactory ( ) 40-49 Just Below Satisfactory**  **( ) 30 – 39: Need Improvement ( ) Below 20: Need Special Remedial Work**  **PROBLEM AREAS:** State any Math Topic(s) that you find difficult to understand.  **TUTORING:** Do you want your name added to the list of students interested in receiving Free Tutoring? **( ) Yes ( ) No**  **PEER TUTORING:** Do you want your name added to the list of students interested in being part of our Peer-Tutoring/Study Group? **( ) Yes ( ) No**  **WHATSAPP PEER-TUTORING/STUDY GROUP (Please indicate whether you would like to be part of this group) ( ) Yes ( ) No.**  **If yes Tel No:** |

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| **MY MATH EXAMINATION**  For what examination are you preparing?  What is the month/year of your examination?  Have you ever written the O’level Math Examination before?  If yes, please state year and your last grade (e.g. 2014/Grade 3): |

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| **MY SPECIAL GIFT OR TALENT.** State any special gift or talent that you possess.  **VOLUNTEER**. Are you willing to share your talent/gift to assist others in this learning community? Explain. |

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| **HOW DID YOU HEAR ABOUT THE MATH MINISTRY?**  **WHAT CAN WE DO TO FURTHER MEET YOUR NEEDS?** |

(*All information provided to The Math Ministry will be kept strictly confidential and will only be for The Math Ministry’s use.)*

**\* If you are under 18 years, by emailing this completed Registration/Membership Form, you have received consent from your parent/guardian to register and take the online course(s) offered and/or become a member of The Math Ministry.**