**INSTRUCTIONS: To register for A Math Course(s) or join the Math Ministry fill out and email this form to** **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.**