



5157 Parkplace Circle, Mississauga, ON L5V 2M2
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 Website: www.thumbsuplearning.ca

CUSTOMER CONTACT INFORMATION

Student Details

First Name: _____ Last Name: _____ Date Joined: _____	
Street: _____ Apt. #: _____ City: _____ Province: _____ Postal Code: _____	
<u>Telephone Numbers:</u> Home: _____ Work: _____ Mobile: _____ <u>Email Addresses:</u> Email: _____	<u>Academic Information:</u> School: _____ Grade: _____ Course: _____ <u>Other Comments:</u> Comments: _____ _____ _____ _____
How did you find out about Thumbs Up Learning Centre? _____ _____	

Parent/Guardian #1 Details

First Name: _____ Last Name: _____		
Relationship to Student: _____		
<input type="checkbox"/> Same as student		
Street: _____ Apt. #: _____ City: _____ Province: _____		
Postal Code: _____		
<u>Telephone Numbers:</u> Home: _____ Work: _____ Mobile: _____	<u>Email Addresses:</u> Email: _____	<u>Other Comments:</u> Comments: _____ _____ _____ _____

Parent/Guardian #2 Details

First Name: _____ Last Name: _____		
Relationship to Student: _____		
<input type="checkbox"/> Same as student		
Street: _____ Apt. #: _____ City: _____ Province: _____		
Postal Code: _____		
<u>Telephone Numbers:</u> Home: _____ Work: _____ Mobile: _____	<u>Email Addresses:</u> Email: _____	<u>Other Comments:</u> Comments: _____ _____ _____ _____