How Did You Hear About Us?

(Include names/date if possible)
Mailing
Newspaper Ad
Tutor List/Guidance
Teacher
T&E Student/Parent
Other Student/Parent
Phone Book
Internet Search
Our Website
Our Sign



OFFICE USE ONLY						
Start Date						
Hrs/Session/Wk						
Sessions/Mo/Sem						
Subject(s)						
Tutor(s)						

1047 Maple Ave., Noblesville, IN 46060 • 317-776-8887 info@tandetutoring.com • www.tandetutoring.com • Fax 317-776-8882

REGISTRATION / POLICY FORM

Student	First/Last Name			Nickname?				
INFORMATION	Mobile Phone #				Texting OK (for scheduling)? Y / N			
SUBJECT(S)/	School				Teacher(s)			
SCHOOL	High School Graduation Year				Teacher's Email			
INFORMATION	Subject/Test Prep Tutoring Requested			1	Current Grade/Scores			
	First/Last Name (primary contact)			First/Last Name (secondary/alternate contact)				
	Relationship to Student			Relationship to Student				
Diptor (Address			Address (if	ress (if different)			
Parent / Guardian								
INFORMATION								
	Email		Email (if different)					
	Mobile # Texting? Y / N		ting? Y / N	Mobile #	Texting? Y / N			
	Home #	Work #		Home #		Work #		
	Best Reached? Txt / Ce	ell / Email / Hm# /	Work# / Any	Best Reach	ed? Txt / Cel	ll / Email / Hm# /	Work# / Any	
	• Tutoring fees are due in ac	dvance for upcor	ning month; fo	ees due by f	irst of month or b	y due date indica	ated	
	• A 3% late charge may apply for fees received more than 7 days after due date							
	 24-hour notice is required for cancellations to avoid forfeiture of paid sessions or extra fees 							
	 Registration fees are charged each fall and spring 							
	• Cash, checks, and Visa/Mastercard accepted; \$25 fee charged for returned checks or declined credit cards							
POLICIES/	 No post-dated/third-party/ 	out-of-state/cour	nter checks; in	dividual's r	name must be prin	ted on checks		
PAYMENTS	• Checks accepted only from individual(s)/business below for which driver's license info is provided							
	 Driver's license information required on file for check payments (for all parties on checks to be used): 							
	License Number	State	DOB	License Number	<u> </u>	State	DOB	
	Name on License (or write "same as above" if	this applies)		Full Name on Lic	cense (or write "same as above	e" if this applies)		
	Street Address on Checks (or write "same as al	bove" if this applies)		Street Address on Checks (or write "same as above" if this applies)				
	I have read and agree with the	ha policies of T ⁰	E Tutoring in	this form a	and cortify the infe	rmation I have	provided	
CERTIFICATION	I have read and agree with the policies of T&E Tutoring in this form and certify the information I have provided. (Policies apply even if unsigned)							
BY PARENT/	Signature of Parent or Guardian Date Signed							
GUARDIAN								