

Accu✓Tutor

Parent:

Date:

Student:

Grade:

School:

Address:

City/State:

Zip:

Home Phone () -

Work Phone () -

Cell Phone () -

E-mail:

Hourly Charge:

Credit Card:

Visa

Mastercard

American Express

Card # _____ Expiration _____ / _____

Payment Preference:

Credit Card

Check

Cash

Program:

How did you hear about us?

Preference of Days and Times:

I have read and understand the AccuTutor Policies. By signing, I agree to abide by AccuTutor policies and procedures. For payments on credit, my signature below will serve as authorization to charge the numbers of hours tutored each month at the above rate, until the program is terminated.

Print Name _____ Signature _____