

2015 -2016 SCHOOL YEAR ENROLLMENT FORM for LINDA EDGAR'S TUTORING SERVICE

**3613 N. 45th Place
Phoenix, AZ 85018
ledgar@cox.net
602-795-6312**

To reserve a space for your child, please send in \$140.00 for 2 to 1 ratio or \$200 for 1 to 1 ratio (4 hours), as a deposit that will be applied towards tuition, the enrollment form, and a signed copy of the contract. Make check payable to Linda Edgar.

STUDENT _____ **GRADE** _____ **SUBJECT** _____

SCHOOL _____ **TEACHER** _____

MOTHER _____ **hm. phone** _____ **wk. phone** _____

ADDRESS _____

E-MAIL _____ **CELL** _____

FATHER _____ **hm. phone** _____ **wk. phone** _____

ADDRESS _____

E-MAIL _____ **CELL** _____

TUESDAY-THURSDAY 1:45-2:45, 2:45-3:45, 3:45-4:45, 4:45-5:45, 5:45-6:45

MONDAY-WEDNESDAY 1:30-2:30 2:30-3:30 3:30-4:30 4:30-5:30 5:30-6:30 6:30-7:30

1st CHOICE DAYS _____ **TIME** _____

2ND CHOICE DAYS _____ **TIME** _____

**I HAVE READ AND ACCEPT ALL THE POLICIES OF LINDA EDGAR'S TUTORING SERVICE. I
AGREE TO BE RESPONSIBLE FOR PAYING THE TUITION FOR ALL SCHEDULED SESSIONS
FOR _____.**

(Student Name)

_____ **DATE** _____

(Signature of parent or responsible party)
party)

(Printed name of parent or responsible