



## SCHOOL YEAR ENROLLMENT FORM

### LINDA EDGAR TUTORING SERVICES

To reserve a space for your child, please send in \$120.00 (4 hours), as a **NON-REFUNDABLE DEPOSIT** that will be applied towards tuition, along with the enrollment form, and a signed contract of policies to me as soon as possible.

**STUDENT** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **SUBJECT** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **TEACHER** \_\_\_\_\_

**MOTHER** \_\_\_\_\_ **hm. phone** \_\_\_\_\_ **wk. phone** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_ **CELL** \_\_\_\_\_

**FATHER** \_\_\_\_\_ **hm. phone** \_\_\_\_\_ **wk. phone** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_ **CELL** \_\_\_\_\_

**1<sup>st</sup> CHOICE DAYS** \_\_\_\_\_ **TIME** \_\_\_\_\_

**2<sup>ND</sup> 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 \_\_\_\_\_**

**Printed name of Parent or Responsible Party \_\_\_\_\_**

**Please complete only if someone other than one of the parents is responsible for the tuition payments**

**Name \_\_\_\_\_**

**Address \_\_\_\_\_**

**Phone \_\_\_\_\_ work phone \_\_\_\_\_**

**Cell phone \_\_\_\_\_ e-mail \_\_\_\_\_**