



Gaskin Tutoring Services

gaskintutor.com

Please complete the following information. Please be sure you check one box on each of the next three lines. Thank you.

The appointment time you have suggested is fine--we will see you then. will not work--please call me.

The start date you have circled is fine--we will see you then. will not work--please start us on _____

Please bill me using the flat rate plan a monthly itemized bill.

Name Name of Student:	Home Phone Number	Cell Phone Number	Email Address
Check one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Name:	Work Phone Number	Cell Phone Number	Email Address
Check one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Name:			
Address: _____ _____	School: _____ Grade in September: _____	Course Name(s): _____ _____ Specific skills or topics to target during tutoring sessions: _____ _____	Teacher's Name: Teacher's Email if known: _____
Best Email to use for billing: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Student			I was referred to Gaskin Tutoring by: _____

I have received a copy of your policies and have read, understand, and agree to abide by your policies and payment procedures.

X _____ date _____