

# Tutoring Program

## Registration Form

(PLEASE PRINT CLEARLY)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gender (circle one): M F \_\_\_\_\_

Purpose of Tutoring: \_\_\_\_\_

Start Date: \_\_\_\_\_

Period Enrolled (12 sessions minimum): \_\_\_\_\_

PLEASE REGISTER with tuition fee for sessions enrolled plus \$50.00 one time registration fee (Check Only) to be sent with this form to any of the address below. Our coordinators will contact you to schedule your first session.

REFUND POLICY Sessions may be rescheduled with 24 hour notification and teacher permission. No refunds will be issued.

OFFICE HOURS are Monday through Friday, 8:00 am to 5:00 pm (EST). Please call for any questions or email at [info@tutorsnmentors.com](mailto:info@tutorsnmentors.com)

COMPLETED FORM should be sent to:

TutorsnMentors  
4118 Borge Way  
Dublin, OH - 43016

OR

TutorsnMentors  
1632 Sotherby Xing  
Lewis Center, OH – 43035

FRONT DESK USE ONLY:

Amt. Paid: \_\_\_\_\_

Rec'd By: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt Number: \_\_\_\_\_



A SESSION IS DEFINED AS 60 MINUTES – BEGINNING AT THE ARRANGED TIME.

### SUBJECTS/COURSES

AREAS TO FOCUS (check one or more)

- Reading
- Grammar
- Writing
- Vocabulary
- Listening
- Analytical
- Other: \_\_\_\_\_

### TutorsnMentors

4118 Borge Way,  
Dublin, OH – 43016  
Voice: 614.335.4226

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1632 Sotherby Xing,  
Lewis Center – OH 43053  
Voice: 740.201.1489

Email: [info@tutorsnmentors.com](mailto:info@tutorsnmentors.com)  
[www.tutorsnmentors.com](http://www.tutorsnmentors.com)

