



Student

Name _____ Grade & school _____ Area(s) student needs assistance in _____

Teacher's name & email _____

Note any medical condition we should be aware of (seizures, diabetes, etc.): _____

Parent

Name _____ Address _____

Email _____ Home phone _____ Work phone _____

14 Sessions: \$490 (7 weeks)

This is for students who have fallen behind in their courses and need to review past concepts, as well as continue learning new ones.*

10 Sessions: \$400 (5 weeks)

This is for students with moderate/severe learning disabilities who have fallen behind in their courses and need to review past concepts, as well as continue learning new ones.*

Discount rates are available for financially-challenged circumstances. Please contact me for details.

** Note: Though the individual tutoring services are primarily designed for students at specific levels, each one is flexible and beneficial for students of all levels.*

- I agree that all information provided above is accurate
- I agree to pay all tutoring fees based the fee structure above

Parent/Guardian signature: _____

Date _____

**Please mail completed form
with check to:**

Miss Molly Tutoring
10300 NE Stutz Rd, #27
Vancouver, WA 98685