

Registration form (complete in capital letters)

Student's full name:

Student's full address:

Date of birth:

Gender: F M prefer not to say

Current school year: _____

What is the student's goal:

Email address you would like the tutor to use for online lessons and worksheets;

Which payment option would you like to go ahead after completing the trial lesson*;

5 hours 10 hours

Does the student have any medical conditions or allergies the tutor should be aware of?

Emergency contact

Name: _____ Relationship: _____

Emergency contact number: _____

Parent/guardian/adult learner signature: _____ Date: _____

Parent/guardian name: _____

Tutor signature: _____ Date: _____

Rate: £ _____ per hour/session

****Payments to be made at least 24 hours before the 1st lesson of bulk lessons. Please read T&C for rescheduling and cancellations***