



Please complete the form below in its entirety. All personal information provided within this document will be stored confidentially. **Please note that whoever fills out this form is responsible for payment.**

**STUDENT INFORMATION**

Name:		Referred by:	
School:		Grade:	
Cell phone:		E-mail:	
Reason for seeking tutoring:			
Areas that need to be addressed:			
Current grades/GPA:			
Has student taken ACT/SAT before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Scores/Dates:			
Future Testing Dates:			
IEP/Learning Disabilities/Other Pertinent Details:			
Name of Counselor/Case Manager (If applicable):			
Is the student currently seeing any other academic or therapeutic professionals? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If applicable to AHR PLACE, please list other professionals:			



**PARENT INFORMATION**

Name of Mother:
Mother cell phone:
Mother e-mail:
Name of Father:
Father cell phone:
Father e-mail:
Parental Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other
Who does student live with? (If applicable)
Student home address:
Student home phone:
Any additional information:



## PAYMENT INFORMATION

Payment is due at the beginning of each session. Multiple sessions can be prepaid in advance.

AHR PLACE accepts the following payment options:

- Cash
- Check
- Chase QuickPay (MrsAhr@gmail.com)
- Credit card
  - When using credit card payment, a \$3.50 service charge per session is applied.

## CANCELLATION POLICY

Sessions must be cancelled with **at least 24 hours notice** in order to avoid full session charge.

Please provide a valid credit card number to be kept on file for any missing payment, late-notice cancellations or no shows.

*A full session charge will occur ONLY in the event of missing payment, a late-notice cancellation or no-show. You will be notified before a charge is placed.*

### CREDIT CARD INFORMATION

Name on Card

Credit Card Number

Expiration Date

Security Code

Billing Zip Code

I agree to all of the above terms and conditions:

Student Signature: \_\_\_\_\_

Date:

Parent Signature: \_\_\_\_\_

Date: