

Registration for Island Educational Services Tutoring with _____

Date: _____ Grade Level of Student: _____

Student's Name: _____

Parent/Guardian's Name: _____

Address: _____

E-mail address: _____

Home phone: _____ Cell phone: _____

School: _____ Teacher(s)/Team: _____

Emergency contact person other than parent: _____

Any additional information I would like to share: _____

The tutor, _____, has permission to contact the following individuals to discuss my child's educational needs:

I agree to pay \$65.00 an hour for services; if a student does not show for an appointment, a $\frac{1}{2}$ hour session will be billed. I will receive an invoice at the first of the month; payment is then due within 10 days. If payment is two months past due, services will be discontinued.

Parent/Guardian

Date

Island Educational Services
724 Erickson Avenue, Suite 101
Bainbridge Island, WA 98110
206.842.8240 | [www.islandeducationservices.com](http://www.islandeducationalservices.com)