



Mary Lee Bunch Associates, LLC  
New Student Information - **Please print clearly**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Responsible Party: \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Dad Cell #: \_\_\_\_\_

Mom Cell #: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

Parent/Responsible Party Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Tutor: \_\_\_\_\_ Subject: \_\_\_\_\_ Rate: \$ \_\_\_\_\_

**Payment information**

*We appreciate your payment as services are rendered. We accept cash, check, or credit card. There will be a small additional fee on credit card transactions.*

Credit Card Type (please circle one): VISA    MASTER CARD    DISCOVER

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_    CVC: \_\_\_\_\_

**Cancellation Policy - PLEASE READ CAREFULLY**

We understand that cancelations are occasionally necessary. Because teachers reserve time specifically for your student, please give at least 24 hours notice. Less than 24 hours notice will be subject to charges. **No call or no show appointments will be billed in full.** By leaving your credit card on file, you authorize us to charge your card for any outstanding balance on your account the first week of each month. We thank you for your understanding.

I have read and agree with the terms of this agreement:

Signature (Responsible party): \_\_\_\_\_