TUTORING ENROLMENT FORM

DEAN'S TUTORING PLACE

0437 785 780
deanstutoringayr@gmail.com
146 Young St., Ayr, QLD 4807

INFORMATION

Date: / /

Preferred Start Date: / /

STUDENT INFORMATION

Name: Date of Birth: / /

School:

Home Address:

Year Level (Select): □ Prep □ 1 □ 2 □ 3 □ 4 □ 5 □ 6

□ Year 7 □ Year 8 □ Year 9 □ Year 10 □ Year 11 □ Year 12

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:

Relationship to Student:

Phone Number: Email Address:

Home Address (if different from student):

EMERGENCY CONTACT INFORMATION Required

Emergency Contact Name:

Relationship to Student: Phone Number:

MEDICAL INFORMATION

Does the student have any allergies? ☐ yes ☐ No

If yes, please list: _____

Does the student have any medical or learning conditions we should be aware of? ☐ yes ☐ No

If yes, please specify: _____

Other notes or support needs: _____

_____

PERMISSION FOR CHILD TO LEAVE CENTRE

☐ **Yes, I give permission** for my child to leave the centre unaccompanied after tutoring

☐ **No, my child must remain inside** until collected by a parent/guardian.

SUBJECTS, GOALS & AGREEMENTS

SUBJECTS REQUIRED (Tick all that apply)

Primary (Prep-6):

□ Maths □ English

Junior High (Years 7-10):

□ Maths □ English

Senior High (Years 11-12):

□ Essential Maths □ General Maths □ Maths Methods □ Physics

Online Tutoring:

□ Yes □ No

LEARNING GOALS

What would you like your child to improve in? _____

_____

_____

HOW DID YOU HEAR ABOUT US?

□ Facebook □ Google □ Word of Mouth □ School Referral □ Returning Family

□ Other: _____

AGREEMENT TO POLICIES

By signing below, I acknowledge and agree that:

- Payment is **due on the day of tutoring**.
- Multi-lesson discount applies to **2+ lessons per week**.
- **No refunds** for unattended lessons.
- Credits may be offered only for **long-term emergencies**.
- Sign-in/sign-out applies for children **Year 10 & under**.
- I have read and agree to Dean's Tutoring Place's refund, payment & duty-of-care policies.

Date: / / Signature: _____