



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: \$ \_\_\_\_\_

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**Payment information**

*We appreciate your payment as services are rendered. We accept cash, check, or credit card.*

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

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

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

**Cancellation Policy - PLEASE READ CAREFULLY**

We understand that cancellations 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.**

We thank you for your understanding.

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

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