ECHELON SERVICES

Tutoring Initial Inquiry Form

Return this form to: info@echelonservices.org or fax to 877-203-9588

City: _____State: _____ County: _____

# of students in need of service: _____

Main Language Spoken: _____

Student Name	Grade	Age	Subject(s) to be Tutored In

If multiple children, will they be tutored separately or as a group (We do offer a multi-child discount if sessions are conducted as a group. (Each additional child is an additional $10 per hour if sessions are conducted as a group) If conducted at different times the normal hourly rate would apply)**: ____Group _____Separately**

How long will services be needed (if not sure, leave blank): _____

Preferred start date (Actual start date will be based on availability): _____

Child(ren) Name	Days/Times Needed (If same days and times, list all children on one line)

Additional Information: _____

_____

Parent(s) Name(s): _____

Phone Number(s): _____

Parent Name and Email Address (For invoicing):

Name: _____

Email Address: _____

Possible Location of Sessions: ___Home ___Other: _____

Location Address: _____

Preferred Gender of Tutor: ____Male ____Female ____No Preference

How did you hear about us?: _____

Were you working with an Echelon Services' New Client Recruiter? ___Yes or ___No

If Yes, put recruiter's name here:_____

*****Office/Administration Use Only***

Recruiters Must Complete This Section Before Sending To Office

Recruiter's Name (If applicable): _____

Company Email Address: _____

Date Inquiry Form Submitted to Office: _____

Intake Fees: _____