



Ava White Tutorials, Inc. • Academy of Innovation, Inc.

1399 Thompson Bridge Rd.
Gainesville, GA 30501
wherelearningtakesflight.com

Phone: 770-536-6898
Fax: 678-943-8579
frontoffice@aoiga.com

Date: _____

Enrollment Contract

Diagnostic instruction for Students of all Ages

I/We _____ submit this Enrollment Contract (hereinafter "agreement") to Ava
(Print name of person responsible for payments)

White Tutorials, Inc., (Hereinafter "AWT") for _____ in the Test
(Name of Student)

Preparation or Tutoring for:

Select One	Program	Cost per Session
<input type="checkbox"/>	Regular (K – 8 th grade)	\$48.00/hr
<input type="checkbox"/>	High School	\$50.00/hr
<input type="checkbox"/>	Wilson/Kansas Strategies (required 2x per week)	\$60.00/hr
<input type="checkbox"/>	ACT/SAT/GRE/ or other test preparation	\$60.00/hr
<input type="checkbox"/>	College/Adult	\$60.00/hr

(hereinafter "Program"). I/We hereby willingly and freely sign this agreement, accepting all the obligations herein described if _____ is accepted.
(Name of Student)

Once this agreement is accepted by AWT, my/our obligation to pay all charges for the term of this agreement is unconditional and binding and no portion of charges paid or outstanding will be refunded or cancelled as a result of a student's absence, illness, or withdrawal from the program unless proper notice is given, as provided herein.

Tuition will be \$ _____ per session, payable between the first (1st) and fifth (5th) of the next month. A session will be defined as one on one instruction for 50 minutes. Monthly charges will be based on the number of sessions determined by the tutor and me/us.

of sessions per calendar week OR # of sessions

I/We jointly and severally agreed to pay all charges required under the terms of this agreement and will be responsible for any and all costs of collection incurred by AWT in collecting or attempting to collect delinquent charges including, but not limited to court expenses and reasonable attorney's fees actually incurred at standard rates.

AWT requires that a valid cred or debit card be placed on file for monthly charges. By executing this agreement, I/we authorize AWT to debit my/our credit or debit card on/between the 1st and 5th of the month after services have been rendered. In the event that an outstanding balance cannot be charged to the credit or debit card as provided herein, AWT may suspend services hereunder.

STUDENT Information

Student Name _____ DOB _____

Address: _____

Student Home # _____ Student Cell # _____

Student Email _____

School _____ Grade _____

Current Grade Math _____ Reading _____ Language Arts _____

***Mother's Name** _____ Cell # _____

Employment _____ Work # _____

Email _____

***Father's Name** _____ Cell # _____

Employment _____ Work # _____

Email _____

Emergency Contact _____ Phone _____

**These sections must be completed.*

Notes: _____

OFFICE USE ONLY

CREDIT CARD ON FILE		TERMINATION DATE	

Ava White Tutorials, Inc.

CREDIT CARD
AUTHORIZATION
FORM

***Due to the problem with credit cards being compromised,
we will require card information for a 2nd credit card entered as back-up.***

Student Name: _____

Credit Card #: _____ **Expires:** _____ **CVC Code:** _____

Name on Card: _____

Billing Address: _____

Phone: _____ **Email:** _____

I authorize Ava White Academy & Tutorials, Inc. to charge the agreed amount indicated for payment per the tuition and schedule as shown in my contract to the credit/debit card provided. I understand that the payment will be processed between the 1st and 5th of every month.

Signature of parent/person responsible for payment

Date

Credit Card #: _____ **Expires:** _____ **CVC Code:** _____

Name on Card: _____

Billing Address: _____

Phone: _____ **Email:** _____

I authorize Ava White Academy & Tutorials, Inc. to charge the agreed amount indicated for payment per the tuition and schedule as shown in my contract to the credit/debit card provided. I understand that the payment will be processed between the 1st and 5th of every month.

Signature of parent/person responsible for payment

Date

NOTES: _____

