



Welcome aboard! We are thrilled that you've chosen to join forces with Sophos to empower student success. As a trusted independent third-party service provider operating directly within schools, we prioritize safety and quality. Our instructors are rigorously vetted with AZ Fingerprint Clearance Cards in hand.

To enroll your student(s) in on-campus 'as needed' Homework Club, please take a moment to complete our intake and billing forms. We look forward to partnering with you to enhance learning experiences for your student(s)!

Please note that the \$150 registration fee is waived for homework club families.

Parent or Guardian First and Last Name:	
Parent or Guardian Email (for billing purposes & to receive homework club updates):	
Parent or Guardian Cell Phone:	
Street Address, City, State and Zip Code:	
Student(s) School Name:	
Student 1 First and Last Name:	
Student 1 Cell Phone (if applicable):	
Student 1 Grade:	
Student 2 First and Last Name:	
Student 2 Cell Phone (if applicable):	
Student 2 Grade:	
Student 3 First and Last Name:	
Student 3 Cell Phone (if applicable):	
Student 3 Grade:	



Parent Name(s): _____

Student Name(s): _____

BILLING TERMS:

(Please read and initial each statement)

_____ 1. ****A 24-hour cancellation notice is required for PRIVATE tutoring sessions. If you cancel with less than 24 hours notice, you will be charged for the entire scheduled session**. Homework Club is on a drop-in basis, so no notification is required.**

_____ 2. Payment is due upon receipt on invoice. A **\$25 fee** will be applied to invoices outstanding for over 15 days.

_____ 3. If the credit card fails to process, we reserve the right to refuse service until payment is resolved.

_____ 4. Billing will be processed weekly.

_____ 5. Invoice discrepancies must be addressed within 10 days of services rendered.

_____ 6. We reserve the right to request past due money at any time.

I understand and agree with the above policies.

Sign and date: _____ **Date** _____



PAYMENT OPTIONS AND FEES:

A VALID CREDIT CARD MUST BE ON FILE EVEN IF YOU HAVE DISCUSSED AND AGREED UPON OTHER PAYMENTS METHODS WITH SOPHOS' MANAGEMENT.

Credit Card on File:

Name on Card: _____

Card Number: _____

Expiration date: _____

CVC (3-4 number security code): _____

Address: _____

Billing Zip Code: _____

_____ ***Initial here to approve AUTOPAY by Credit Card plus any processing fees.**

I understand and agree with the above policies.

Signature: _____ **Date** _____



TUTORING SERVICES POLICIES:

(Please read and initial each statement)

_____ 1. We strive to adjust our private sessions to meet the needs of each individual student, however, performance outcomes are not guaranteed.

_____ 2. Students are expected to arrive on time and will be billed for all scheduled time.

_____ 3. Tutoring sessions will end at the scheduled time, please make arrangements for students to be picked up promptly. A late pick-up fee will be applied at the rate of the tutoring session after the first 10 minutes.

_____ 4. A student's photo or likeness may be used for social media purposes and promotional purposes.

_____ 5. Sophos Speech and Academic Support prohibits the solicitation of a company tutor for separate and independent services.

I understand and agree with the above policies.

Sign and date: _____ **Date** _____