



Read with Rachel Tutoring Terms and Conditions

Name of Child:		Hourly rate:	
Name of Parent/Guardian:			
Emergency contact details:			
Address:			
Email address:			
Nature of Tuition:			
• 1:1 Location: • 1: 1 home • 1: 1 online	• Small group – location: • Small group – home • Small group - online		
Monday	Tuesday	Wednesday	Thursday
INVOICES: All lessons need to be paid for a month in advance. Invoices for the month will be sent out in advance by the 15 th of the month. All payments must be made by 28 th of each month for the month ahead.			
Session Cancellation:		48-hour notice period needs to be given, or session will still be charged. If possible, we will try to rearrange the session.	
Tutor sickness/absence:		If I cannot attend and need to cancel there will be no charge. The session will either be refunded or rearranged.	
Length of Contract:		Termly	Open-ended (see notice period below)
			Monthly
Cancellation of contract		If you intend to cancel the tuition, you will provide at least 2 weeks paid notice. All sessions will still be delivered.	
Bank holidays/End of Term/half terms		All regular sessions will stop during school holidays, but extra sessions can be booked during these times subject to availability.	
Read With Rachel Policies		I have access to and have read all 'Read With Rachel' policies. Yes ☐	
Read with Rachel Tutoring agrees to abide by the agreements set out above. If the need arises to adapt or change anything, I agree to give you 2 weeks' notice.			
Signed:			
Date:			
I (parent/guardian/carer) agree to the terms and conditions set out above. If the need arises to change anything, I agree to give you 2 weeks' notice.			
Signed:		Date:	

Read With Rachel Tutoring
Parent Information, Medical & Safeguarding Form

Please complete this form before your child's first tutoring session. All information will be treated confidentially and stored in accordance with the UK GDPR and Data Protection Act 2018.

Child's Details

Child's Full Name: _____

Date of Birth: _____

Home Address: _____

School Attended: _____

Current Year Group: _____

Parent / Carer Details

Parent/Carer 1 Name: _____

Relationship to Child: _____

Telephone: _____

Email: _____

Parent/Carer 2 Name: _____

Relationship to Child: _____

Telephone: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Telephone: _____

Medical Information

☐ My child has no known medical conditions.

OR details: _____

Allergies: _____

Medication: _____

Additional health information (e.g. asthma, epilepsy, diabetes, autism, ADHD, hearing/vision impairment, physical disability):

Learning Needs

Please tick if applicable:

☐ Dyslexia ☐ Dyscalculia ☐ Autism ☐ ADHD

☐ Speech & Language Needs ☐ EAL

☐ Hearing Impairment ☐ Visual Impairment

☐ Physical Disability ☐ Other

Details: _____

Educational Support

☐ EHCP ☐ SEN Support ☐ IEP ☐ None

Additional information: _____

Collection Arrangements (if applicable)

Authorised adults to collect child:

Adults not authorised to collect child:

Online Tuition

- ☐ An adult will be present in the home during online sessions.
- ☐ I consent to sessions taking place via an agreed secure online platform.

Safeguarding Information

Is your child currently or previously supported by Children's Social Care? ☐ Yes ☐ No

If yes, please provide relevant information:

Anything else we should know to help keep your child safe and supported?

Court Orders / Legal Restrictions

☐ Yes ☐ No

Details: _____

Consent

- ☐ I authorise Read With Rachel Tutoring to contact emergency services if required.
- ☐ I consent to basic first aid being administered until emergency services/parent arrives.
- ☐ I understand information may be shared with safeguarding agencies where legally required.
- ☐ I agree to inform Read With Rachel Tutoring if any information changes.

Parent Declaration

I confirm that the information provided is accurate to the best of my knowledge.

Parent/Carer Name: _____

Signature: _____ Date: _____

Office Use Only

Date Received: _____

Reviewed By: Rachel Morgan

Actions Required:
