

Online Tutoring Agreement

Date: _____

Parent/Guardian Name: _____

Student Name: _____

Tutor Name: _____

Email: _____

Phone Number: _____

Terms of Agreement

1. **Session Duration:** Each tutoring session will last for ____ minutes.
2. **Schedule:** Sessions will be held on the following days and times:
_____.
3. **Fees:** The tutoring fee is \$____ per session, payable at the beginning of each month.
4. **Cancellations:** A notice of ____ hours is required for cancellation or rescheduling.
5. **Confidentiality:** All information shared during tutoring sessions will remain confidential.

Authorization

By signing below, I agree to the terms outlined in this agreement.

Parent/Guardian Signature

Tutor Signature

Contact Information

For any inquiries, please contact: _____