

NHS Tutor *REQUEST* Form

Name: _____
 1st Per. Teacher: _____

Date: _____
 Homeroom: _____

If you are in need of a tutor, please complete this form and deliver it to Guidance. You will receive a pass through your 1st period teacher informing you of when you will be tutored and where. If you have any questions, please see Mrs. Will in the library.

Please indicate your current semester study halls in the schedule below with a checkmark.

DAY							
Period	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
After School							

Subjects: _____
 Levels (CP/GHP/HRS/AP) _____

FOR NHS USE ONLY
 Assigned Tutor: _____
 Day: _____ Period: _____ Recorded By: _____ Date: _____

FOR NHS USE ONLY
 Assigned Tutor: _____
 Day: _____ Period: _____ Recorded By: _____ Date: _____