

National Honor Society



REQUEST FOR PEER TUTORING

STUDENT NAME: _____ GRADE: ____ STUDENT ID # _____

PERSON REQUESTING A TUTOR: _____ DATE: _____

STUDENT CONTACT INFORMATION

BEST PHONE # TO REACH YOU: _____ CELL / HOME (CIRCLE ONE)

BEST TIME AVAILABLE FOR TUTORING (CIRCLE ALL THAT APPLY)

STUDY HALL PERIOD ____ LUNCH PERIOD ____ BEFORE SCHOOL AFTER SCHOOL

DAYS OF THE WEEK THAT YOU ARE AVAILABLE (CIRCLE ALL THAT APPLY)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PARENT CONTACT INFORMATION

PARENT NAME: _____

BEST PHONE # TO REACH PARENT: _____ CELL / HOME (CIRCLE ONE)

SUBJECT AREAS AND TOPICS IN WHICH TUTORING IS REQUESTED:

PLEASE RETURN THIS FORM TO MR. BRAD FOUT OR MR. ADAM RACHUBA, NATIONAL
HONOR SOCIETY CO-ADVISORS

NHS member assigned to tutoring: _____

Contact Log (date contacted and nature of discussion: _____

Agreed upon time of tutoring: Days _____ Time: _____

Tutoring Log

Date	Time	Hours	Subjects Discussed

Comments: