

NHS REQUEST FOR TUTORING FORM

Return form to Mrs. Foglia in HS Counseling Office

Student Name: _____

Student Contact Information:

Email: _____

Phone #: _____

Parent/Guardian Name: _____

Parent/Guardian Contact Information:

Email: _____

Phone #: _____

Grade Level: _____

Course(s): _____

Male-Female Preference (circle one):

Male

Female

No-Preference

Days/Times Student is Available (Day/Period or Time After School):

School Periods: _____

After School Times: _____

Additional Notes: _____

***Please note, filling out this form does not guarantee you will receive a tutor but we will do our very best to find an appropriate match. Also, the responsibility of attending sessions falls on the student not the tutor.**