

# Saint Basil Academy

## NHS Peer Tutoring-Request Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

First Pd. Class/teacher-A DAYS \_\_\_\_\_

Please provide information for the subject/s in which you are requesting support:

Subject: \_\_\_\_\_ Level: \_\_\_\_\_

Teacher: \_\_\_\_\_

Subject: \_\_\_\_\_ Level: \_\_\_\_\_

Teacher: \_\_\_\_\_

Please circle school days and time periods you are available to meet with a tutor:

School Day	Before School	Pd. 1	Pd. 2	Pd. 3	Pd. 4	Lunch	Pd. 5	Pd. 6	Pd. 7
Monday A1	BS	1	2	3	4	L	5	6	7
Tuesday A2	BS	1	2	3	4	L	5	6	7
Wednesday B1	BS	1	2	3	4	L	X	X	X
Thursday B2	BS	X	X	X	X	L	5	6	7
Friday A3	BS	1	2	3	4	L	5	6	7

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**To be completed by NHS**

Date Received: \_\_\_\_\_

Tutor/s Assigned: \_\_\_\_\_

Subject: \_\_\_\_\_

Meeting Day/Time: \_\_\_\_\_

Method of contact: email \_\_\_\_\_ pass \_\_\_\_\_

Date: \_\_\_\_\_