

REQUEST FOR NATIONAL HONOR SOCIETY TUTORING

TO: R Scimone or D Andriano

DATE: _____

FROM: Counselor or Teacher _____

Student Name: _____

Student ID: _____ Grade: _____

Student Email: please print *clearly* _____

Period 1 Teacher: _____

Subject (include level): _____

Study Hall period: _____ Lab Day: _____

Study Hall teacher: _____ Room: _____

Be advised: Passes are electronic. Teachers involved including referring teacher and study hall teacher will be notified via Google Calendar on a weekly basis.