



# Students Improve through Tutoring



## NHS TUTORING

**SIGN UP FOR ONLY 1 SUBJECT PER FORM**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
SLC \_\_\_\_\_ CCR Teacher \_\_\_\_\_ Room \_\_\_\_\_

Subject: (only 1) \_\_\_\_\_

Requested Tutor: \_\_\_\_\_  
(if you know a tutor)

Preferred Day(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location: Decatur Public Library or High School  
circle one

Student:  
Cell Phone Number: \_\_\_\_\_ AND/OR  
E-mail (used for I-messages) \_\_\_\_\_

Parent/Guardian:  
Cell Phone Number: \_\_\_\_\_ AND/OR  
E-mail (used for I-messages) \_\_\_\_\_