WAHS Peer Tutoring Request Form

Student’s Name (Please PRINT) ____________________________ Grade ______
Student’s Email (Please PRINT) ____________________________

Please indicate below the subject(s) for which you are requesting a tutor. (Check all that apply.)

**English**
- ___ English 9 level _______ Your teacher ____________________________
- ___ English 10 level _______ Your teacher ____________________________
- ___ English 11 level _______ Your teacher ____________________________
- ___ English 12 level _______ Your teacher ____________________________
- ___ Other Specify course and level ____________________________
  Your teacher ____________________________

**Math**
- ___ Algebra I level _______ Your teacher ____________________________
- ___ Geometry level _______ Your teacher ____________________________
- ___ Algebra II level _______ Your teacher ____________________________
- ___ Other Specify course and level ____________________________
  Your teacher ____________________________

**Science**
- ___ Earth Sci. level _______ Your teacher ____________________________
- ___ Biology level _______ Your teacher ____________________________
- ___ Chemistry level _______ Your teacher ____________________________
- ___ Other Specify course and level ____________________________
  Your teacher ____________________________

**Social Studies**
- ___ World Hist I level _______ Your teacher ____________________________
- ___ World Hist II level _______ Your teacher ____________________________
- ___ US/VA Hist level _______ Your teacher ____________________________
- ___ Government level _______ Your teacher ____________________________
- ___ Other Specify course and level ____________________________
  Your teacher ____________________________

**Other** Specify course and level ____________________________
  Your teacher ____________________________

*When is your preferred time for tutoring?*  
(We can’t promise, but we’ll try to accommodate this request.)
- ___ Before school
- ___ During CARE
- ___ After school
- ___ Study Hall -- Specify period ______

Please return this completed form to your counselor. You will be notified when you have been assigned a tutor.