

**Anabasis Chapter
National Honor Society
Tutoring Hours Record**

Name _____ Grade _____

Please use this form for ALL tutoring sessions. Zoom sessions do not require a student's signature but must be verified by Mrs. Margiotta – so be sure to include Mrs. Margiotta at mmargiotta@stgrsd.org on your Zoom tutoring link.

Please complete this form NEATLY.

Name of Person Tutored _____

School and Grade of Person Tutored _____

Total Number of Hours Tutored _____

Date Tutoring Took Place _____

Time Tutoring Took Place _____

Location of Tutoring _____

Subject Tutored _____

Student's Signature _____ Date _____

NHS Tutor's Signature _____ Date _____

Adult Supervisor's Name _____ Date _____

Adult Supervisor's Signature _____ Phone # _____

**Southwick Regional School National Honor Society, Anabasis Chapter
93 Feeding Hills Rd., Southwick, MA 01077
Adviser: Mrs. Maryanne Margiotta: mmargiotta@stgrsd.org**