



Student Aide Application 18-19

TRI 1 2 3

Completing Application Does Not Guarantee Placement

Placement of student aides will be at the discretion of the Assistant Principal. Student aides will first be placed in one of the offices (Assistant Principals’/Attendance Office or Guidance Office) before being placed in a classroom. Your preference will be accommodated as much as possible, but please remain in the class on your schedule until you have been notified of a student aide placement. You are representing your school; all offices expect students to conduct themselves appropriately and professionally.

Student name (**print**) _____ Grade _____

The hour I would like to be a student aide is:

(**Check One**) Hour 1 _____ Hour 2 _____ Hour 3 _____ Hour 4 _____ Hour 5 _____ Hour 6 _____

The course I wish to drop to be a student aide is:

Class _____ Hour _____ Teacher signature _____

The materials for the class I am dropping have been returned. Teacher initials _____

I wish to be a student aide for the following office or staff member: _____

Please provide a brief explanation of the duties this student will be performing:

1. There are a limited number of student aide positions available each trimester.
2. Student and parent must both sign this form, even if student is 18.
3. Daily attendance is mandatory. Your supervising staff member will take attendance.
4. Interested students must be in grade 11 or 12 and must be satisfactorily progressing towards graduation.
5. Interested students must have a “clean” current attendance AND discipline record.
6. All credits and state mandated tests for graduation need to be up-to-date.
7. A student may be a student aide only one period per trimester. No credit is awarded for being a student aide.

Student signature _____ Date _____

Parent signature _____ Date _____

Staff signature _____ Date _____

- ✓ I verify that I can only have **ONE** student aide per hour (Teacher initials _____)
- ✓ I understand that the student aide ***must be supervised by me at all times*** (Teacher initials _____)

Counselor signature _____ Date _____

Asst. Principal signature _____ Date _____