

**OFFICE AIDE/TEACHER AIDE APPLICATION
APPLICATION FOR STUDENT ASSISTANT
TO OFFICE, COUNSELOR, OR TEACHER**

Student Name _____
Please Print

Please have the head secretary in the junior-senior high school office or the district office or a teacher you will be working with sign this sheet giving you permission to work with them.

NAME (PRINT)	AUTHORIZED SIGNATURE	ENROLL DURING PLAN	
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO

Please indicate below your name whether you are enrolling for first semester, second semester or both semesters.

ONLY TWO CREDITS OF AIDE CAN BE COUNTED TOWARD GRADUATION

Parental Signature

Date