



# Student Aide Application 19-20

## 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 (Principal's Office, Assistant Principal's 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 \_\_\_\_\_

The materials for the class I am dropping have been returned (if applicable) Teacher initial \_\_\_\_\_

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:

Are you interested in being a peer tutor during your student aide hour?    Y        N

### **Deadline for Trimester 1: Friday, September 6, 2019!**

- There are a limited number of student aide positions available each trimester.
- Student and parent must both sign this form, even if student is 18.
- Daily attendance is mandatory. Your supervising staff member will take attendance.
- Interested students must be in grade 11 or 12 and must be satisfactorily progressing towards graduation.
- Interested students must have a "clean" current attendance AND discipline record.
- All credits and state mandated tests for graduation need to be up-to-date.
- 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 \_\_\_\_\_

Counselor signature \_\_\_\_\_ Date \_\_\_\_\_

Asst. Principal signature \_\_\_\_\_ Date \_\_\_\_\_