

APPLICATION FOR STUDENT ASSISTANTS

School Year _____

Student Name (Printed): _____ Date: _____

1st Semester _____ 2nd Semester _____

Please select your first choice. Priority will be given to assignments in offices and certain duties with teachers. There is the possibility that you will be moved if we need you in a different area. You must have a Teacher/Staff Signature in order to be assigned as an assistant. Preference will be given to students based on GPA and attendance.

Choose ONE area from below:

Teacher _____
Teacher Name Printed Teacher Signature

Office (Main, Student Services, Athletic, Nurse and Guidance)

Staff Name Printed Staff Signature

PE _____
Staff Name Printed Staff Signature

Library _____
Staff Name Printed Staff Signature

If you would like to assist a teacher, talk to the teacher. The teacher will sign your form and keep it. Then, they will then turn in their forms in to the Guidance Office.

If you would like to assist in an office, talk to the secretary in the office you would like to assist. They will sign your form and keep it. Then, they will then turn in their forms in to the Guidance Office.

STUDENT: I understand and agree to these conditions. _____
Student Signature Date