

CRETIN-DERHAM HALL

APPLICATION FOR NON-CREDIT TEACHER AIDE

STUDENT NAME: _____

SCHOOL YEAR: _____

TEACHER: _____

GRADE: 11 or 12

TRIMESTER: 1 2 3

CLASS PERIOD: _____

Teacher Aide duties are to be scheduled in place of a Study Hall, NOT in addition to a Study Hall, unless approved by Ms. Passman.

CLASSROOM: _____

Duties of aide (teacher, please fill in)

STUDENT: LIST YOUR SCHEDULE HERE:

P 1: _____

Teacher Signature

P 2: _____

Student Signature

P 3: _____

Parent Signature

P 4: _____

Ms. Passman, Principal

P 5: LUNCH

Granted

Denied

P 6: _____

Are you currently in a study hall? _____

P 7: _____

P 8: _____

PLEASE RETURN THIS FORM TO MS. CARROLL WHEN COMPLETED.