

South Anchorage High School
Student Aide Request

***Semester 1**

Student Name: _____ Grade: _____

Student ID: _____

Please mark:

_____ Teacher Aide _____ Counseling Aide

_____ Attendance Aide _____ Activities Aide

_____ Period ____ Room _____
Staff Name

*****Teachers, please remember that you are allowed 1 aide per semester.** You may not have a student aide during your planning period. If you have need for a second aide, please contact the Curriculum Principal to make special arrangements.

Please do not sign this form if you have already chosen an aide.

Staff Signature Date: _____

Parent Signature Date: _____

Student Signature Date: _____

All Fines and fees must be cleared before you can be placed as an aide. Please see Teresa Thornton in the main office.

FDCC Signature Date: _____

*****Turn in this request to your
Counselor*****

Counselor Signature Date: _____

Added to Schedule:_____ Date:_____