



AIDE PERMISSION FORM

Student Name: _____ Grade: _____

Teacher Name: _____ Teacher Signature: _____

Semester Requested: 1st or 2nd (circle one) Preferred Class/Period: _____

**You must be passing ALL of your classes the previous semester, be on track to graduate, and have a minimum GPA of 2.5 or greater.*

**You may be an aide, one class period per semester during junior and/or senior year.*

Student Signature: _____ DATE: _____

Counselor Signature: _____ DATE: _____