Student Aide and Lab Assistant Form

Student: I understand that the period cannot yet be determined for this request. I further understand that this form is due by February 2nd and must be stapled to the registration form.

_____ _____

Student Signature Date

_____ _____

Parent Signature Date

I give permission for _____ to be my

Student Name

student aide/lab assistant (please circle one) for 1st semester/2nd semester/year (please circle one).

_____ _____

Teacher Name (printed) Teacher Signature