

Swift Creek Middle School

Teacher Aide Application

Please attach this completed form to your completed Course Registration Form

Student Name: _____

Current Grade: _____

I am interested in being a (Please Check One)

_____ Office Aide

_____ Front Office

Administration Signature: _____

_____ Student Services

Administration Signature: _____

_____ Media Aide

Media Specialist Signature: _____

_____ Classroom Aide

Teacher: _____

Teacher Signature: _____

Please list your current class schedule and grades, per 9 weeks.

Course	Teacher	1 st 9 Weeks	2 nd 9 Weeks	3 rd 9 Weeks	4 th 9 Weeks

Have you received any discipline referrals this school year? _____ Yes

_____ No

If yes, please explain: _____

How many school days did you miss this school year? _____

If more than 5, please explain: _____

Students who apply and are accepted to be an aide for the upcoming school year must be in attendance regularly, maintain their grades, and not have any discipline referrals. Any of the following may cause a student to be removed from participating in this program.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____