West Anchorage High School

Student Aide Request Form

Semester 1 or Semester 2

Student Name:_________________________   Date:____________________

Student ID#_________________________   Grade 11th or 12th

Teacher Requested:____________________   Period_____   Room #_____

Student Signature:_____________________

Counselor Signature:____________________

___ Teacher Aide   ___ Library Aide

___ Front Office Aide   ___ Nurse Aide

___ Counseling Aide   ___ Activities Aide

___ Student Services Aide   ___ Other Aide Position:____________________

X

_________________________   ________________________
Teacher Name (Printed)   Teacher Signature (Sign)

Office Use Only

_________________________
Date Entered____________    Initials_________    School Year_________