

## CRETIN-DERHAM HALL

## APPLICATION FOR NON-CREDIT TEACHER AIDE

STUDENT NAME: \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

TEACHER: \_\_\_\_\_

GRADE: 11 or 12

TRIMESTER:    1       2       3

CLASS PERIOD: \_\_\_\_\_

CLASSROOM: \_\_\_\_\_

**Teacher Aide duties are to be scheduled in place of a Study Hall, NOT in addition to a Study Hall, unless approved by Ms. Passman.**

Duties of aide (teacher, please fill in)

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**STUDENT: LIST YOUR SCHEDULE HERE:**

P 1: \_\_\_\_\_

Teacher Signature \_\_\_\_\_

P 2: \_\_\_\_\_

Student Signature \_\_\_\_\_

P 3: \_\_\_\_\_

Parent Signature

P 4: \_\_\_\_\_

Ms. Passman, Principal

P 5: LUNCH

Granted

Denied

P 6: \_\_\_\_\_

Are you currently in a study hall? \_\_\_\_\_

P 7: \_\_\_\_\_

P 8: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO MS. QUITTER WHEN COMPLETED.**