

LAS VEGAS HIGH SCHOOL

STUDENT AIDE CONTRACT



Student	
Name	
Grade	
Student Number	

Students may receive only one credit of Student Aide. If you have already taken this class, you are not eligible to enroll.

Have you ever been referred to a school office for disciplinary reasons? Yes / No
If yes, please explain. _____

Have you ever been referred for absences or tardies? Yes / No
When? _____

Name of Teacher who you wish to work for: _____

Teacher's signature: I will accept this student as a teacher's aide.

Teacher Signature

Date

Counselor	
Cumulative GPA _____	
# of absences previous semester _____	
# of U's or F's for previous semester _____	

Recommended _____ Not Recommended _____ Counselor Signature _____

Course# _____ Period assigned _____ Teacher assigned _____

Student Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a student aide, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	