STATEMENT OF INTEREST REQUEST FORM
OFFICE AIDE

Circle the office you would like to work in for the 2020 -21 school year

Main Office Library Counselors Assistant Principals

NAME_____ ID#_____

PARENT/GUARDIAN_____

ADDRESS_____
Street City Zip Code

List reasons you would like to be an office aide:
_____
_____
_____

List your personal traits that would qualify you as a good office aide:
_____
_____
_____

Parent Signature_____ Date_____

FORMS MUST BE TURNED IN TO THE COUNSELING CENTER BY
March 5th, 2020

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For Office Use Only

Application Accepted Application Denied

Signature_____