

**STATEMENT OF INTEREST REQUEST FORM  
OFFICE AIDE**

Circle the office you would like to work in for the 2021 -2022 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 11th, 2021**

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For Office Use Only

Application Accepted

Application Denied

Signature \_\_\_\_\_