

**STATEMENT OF INTEREST REQUEST FORM
OFFICE AIDE**

Circle the office you would like to work in for the 2024 - 2025 school year

Main Office

Library

Counselors

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 WITH YOUR COURSE SELECTION SHEET
OR TO THE COUNSELING CENTER BY
MARCH 8, 2024.**

For Office Use Only

Application Accepted

Application Denied

Signature _____